

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH53 3001
Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

PATRICK J. DONNELLY

2. DATE
OF
DEATH

March 23, 1953

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution; residence

A. STATE

Maryland

B. COUNTY

before admission)

B. FULL NAME OF (If not in hospital or institution, give street address or
HOSPITAL OR location)

University Hospital

C. CITY OR TOWN

Baltimore

(If outside corporate limits, write RURAL, and give township)

D. STREET ADDRESS (If rural, give location)

235 S. Calhoun Street

c. Length of stay in Baltimore

12½

Yrs.
Mos.
Days

5. SEX

Male

6. COLOR OR RACE

White

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

married

8. DATE OF BIRTH

1-6-1899

9. AGE (in years
last birthday)

54

If Under 1 Year
Months DaysIf Under 24 Hours
Hours Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

General work

10B. KIND OF BUSINESS OR
INDUSTRY

Copper Co.

11. BIRTHPLACE (State or foreign country)

Ireland

12. CITIZEN OF
WHAT COUNTRY

13. FATHER'S NAME

Joseph Donnelly

14. MOTHER'S MAIDEN NAME

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)

no

16. SOCIAL
SECURITY NO.

217-18-6456

17. INFORMANT

ADDRESS

Alma Ruth Donnelly-235 S. Calhoun St.

18. E94.3

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)(A) Asphyxia due to
DUE TO Electrical shock

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.(B)
DUE TO
(C)II
OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☒ NO ☐21A. EXTERNAL CAUSE WAS
UNDERLYING ☒ OR CONTRIB-
UTING ☐ CAUSE OF DEATH.21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)

industrial

21C. WHERE DID
INJURY OCCUR? (If in Baltimore City, give exact location)

Joseph E. Lewis Co.-1303 Carroll St.

21D. TIME (Month) (Day) (Year) (Hour)
of INJURY

March 23, 1953

P. m.

21E. INJURY OCCURRED
WHILE AT ☒ NOT WHILE ☐
WORK AT WORK21F. HOW DID INJURY OCCUR? Apparently
contacted defective electrical switch22. I certify that I took charge of the remains described above, held an autopsy thereon and from
Autopsy, Inspection or Inquiry
the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above,
and death in my opinion resulted from: natural causes ☐, accident ☒, suicide ☐, homicide ☐, undetermined ☐.

23A. SIGNATURE

J. B. Fisher

M.D.

23B. CHIEF MEDICAL EXAMINER ☒
ASSISTANT MEDICAL EXAMINER ☐
MEDICAL INVESTIGATOR ☐

23C. DATE SIGNED

March 24, 1953

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

Burial

24B. DATE

3/26/1953

24C. NAME OF CEMETERY OR CREMATORY

Holy Cross

24D. LOCATION (City, town, or county)

A.A. County, Md.

(State)

DATE RECEIVED BY
LOCAL REGISTRAR

March 24, 1953

REGISTRAR'S SIGNATURE

Huntington Williams, M.D.

25. FUNERAL DIRECTOR

ADDRESS

Robt. C. & B.M. Walters-Pratt & Stricker

Sts.

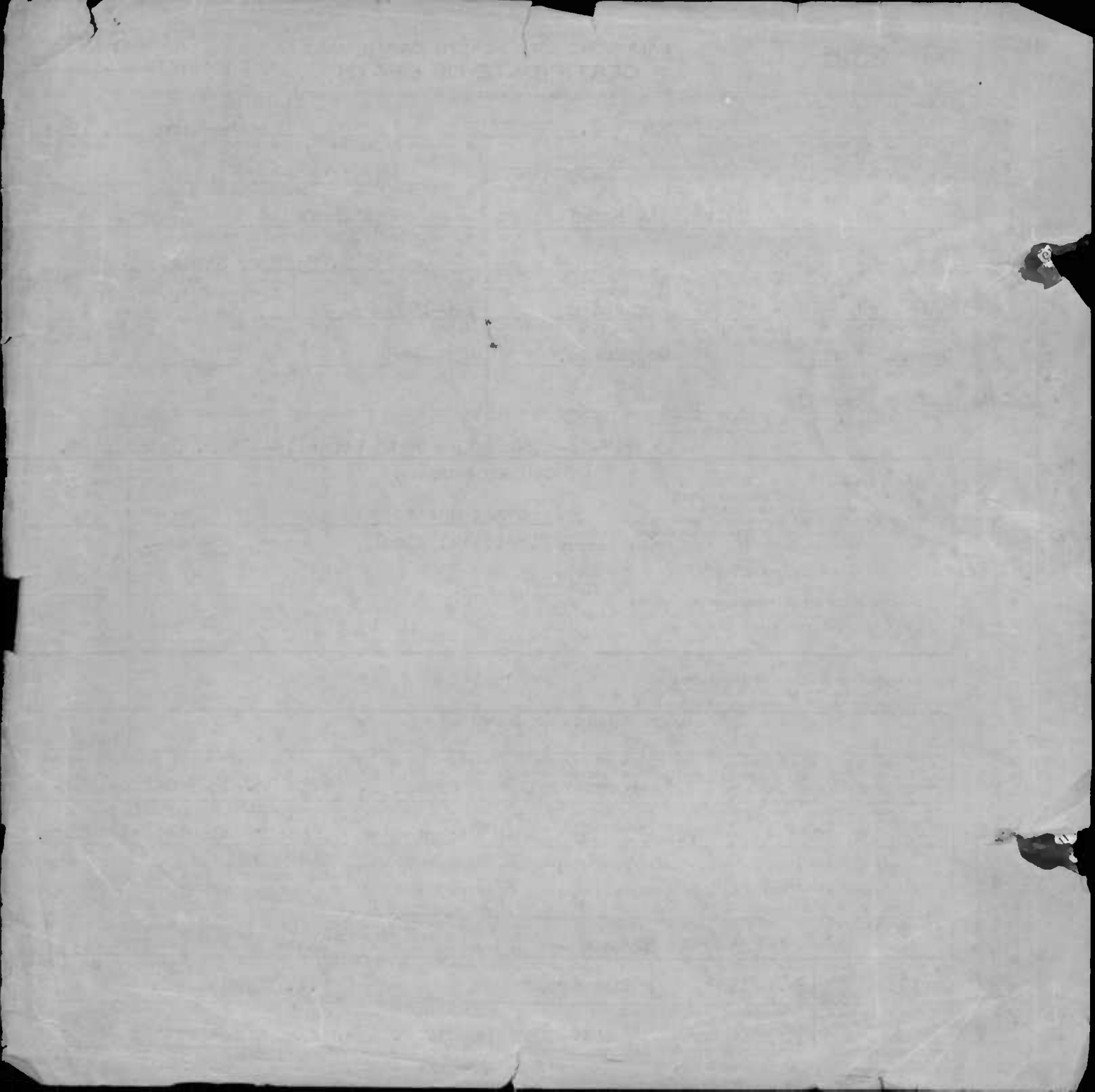
VS 151

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6903L

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.



D-516

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

53 3002
Registered No.

BIRTH NO. 53 3002

1. NAME OF DECEASED (Type or Print) JOHN T. DENFORD			2. DATE OF DEATH 3-24-53		
3. PLACE OF DEATH: A. Baltimore City, Maryland			4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE M.D. B. COUNTY M.D.		
5. FULL NAME OF HOSPITAL OR INSTITUTION FRANKLIN SQUARE			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) BALTIMORE		
c. Length of stay in Baltimore LIFE			D. STREET ADDRESS (If rural, give location) 1419 HOLLINGSST M.D.		
5. SEX M	6. COLOR OR RACE WHITE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) MARRIED	8. DATE OF BIRTH 3-1-1893	9. AGE (In years last birthday) 60	10. Under 1 Year Months: Days
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) PRODUCE			10B. KIND OF BUSINESS OR INDUSTRY SELF		
11. BIRTHPLACE (State or foreign country) MARYLAND			12. CITIZEN OF WHAT COUNTRY? U.S.A.		
13. FATHER'S NAME AUGUST DENFORD			14. MOTHER'S MAIDEN NAME UNKNOWN Emily Jane Wirts		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)			16. SOCIAL SECURITY NO.		
17. INFORMANT WIFE - MABEL			ADDRESS SAME		

18. 443X I DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) Cerebral hemorrhage			CAUSE OF DEATH Cerebral hemorrhage			INTERVAL BETWEEN ONSET AND DEATH		
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. hypertensive cardio vascular disease			DUE TO hypertensive cardio vascular disease					
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.								
19A. DATE OF OPERATION 0			19B. MAJOR FINDINGS OF OPERATION			20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		
21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)				
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?				
22. I hereby certify that I attended the deceased from 3/13 , 19 53 , to 3/24 , 19 53 , that I last saw the deceased alive on 3-24 , 19 53 , and that death occurred at 5:00 a.m. , from the causes and on the date stated above.								
23A. SIGNATURE Merlin Quinlan M.D.			23B. ADDRESS FRANKLIN SQUARE HOSPITAL			23C. DATE SIGNED 3-24-53		
24A. BURIAL, CREMATION, REMOVAL (Specify)		24B. DATE 3/27/1953		24C. NAME OF CEMETERY OR CREMATORY DAVID R. RICE		24D. LOCATION (City, town, or county) (State) Md.		
DATE RECEIVED BY LOCAL REGISTRAR		REGISTRAR'S SIGNATURE Huntington Williams, M.D.		25. FUNERAL DIRECTOR W. H. Pratt & B. M. Walters		ADDRESS 2906 A Pratt & Tucker		

MARGIN RESERVED FOR BINDING

PLEASE WRITE IN INK ONLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and fully.

MEDICAL CERTIFICATION

MAR 24 1953

CERTIFICATE OF DEATH

ALL DEATHS MUST BE REPORTED TO THE HEALTH DEPARTMENT

Name of Deceased		Age		Sex		Race		Date of Death		Place of Death	
Name of Informant		Relationship		Occupation		Address		City		State	
Cause of Death		Duration of Illness		Medical History		Treatment		Burial Place		Burial Date	
Signature of Informant		Signature of Physician		Signature of Health Officer		Signature of Registrar		Signature of Coroner		Signature of Minister	
Date of Report		Time of Report		Place of Report		City		State		County	

53 3003

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

53 3003

Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

HARRY A. DURNEY

2. DATE
OF
DEATH

MARCH 23, 1953

3. PLACE OF DEATH:

A. Baltimore City, Maryland

BALTIMORE

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE
MARYLANDB. COUNTY
BALTIMORE

5. FULL NAME OF

HOSPITAL OR
INSTITUTION(If not in hospital or institution, give street address or location)
Lutheran Hospital of Maryland
Inc.

C. CITY OR TOWN

(If outside corporate limits, write RURAL and give township)
BALTIMORE 15-47

D. STREET ADDRESS (If rural, give location)

2319 Rosedale St.

c. Length of stay in Baltimore

Yrs.
Mos.
Days

5. SEX

MALE

6. COLOR OR RACE

WHITE

7. SINGLE, MARRIED,

WIDOWED, DIVORCED (Specify)
MARRIED

8. DATE OF BIRTH

AUGUST 27, 1895

9. AGE (In years

last birthday)

10. Under 1 Year

Months: Days

11. Under 24 Hours

Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Engineer

10B. KIND OF BUSINESS OR INDUSTRY

Gas & Electric Co

11. BIRTHPLACE (State or foreign country)

BALTIMORE, MARYLAND

12. CITIZEN OF

WHAT COUNTRY?
USA

13. FATHER'S NAME

William C. Durney

14. MOTHER'S MAIDEN NAME

MARIAN SENEY

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, oo or unknown)

W. W. I.

16. SOCIAL SECURITY NO.

212-05-6487

17. INFORMANT

MARIE B. Durney

ADDRESS

2319 Rosedale St

18. 502.0

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)(A) COR - PULMONALE
DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.(B) CHRONIC PROGRESSIVE EMPHYSEMA
DUE TO

(C) CHRONIC BRONCHITIS

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐21A. ACCIDENT, SUICIDE,
HOMICIDE (Specify)

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

WHILE AT ☐ NOT WHILE ☐
WORK AT WORK

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from MARCH 21, 1953 to MARCH 23, 1953, that I last saw the deceased alive on MARCH 23, 1953, and that death occurred at 2:22 p. m., from the causes and on the date stated above.

23A. SIGNATURE

William D. Rosson, M.D.

23B. ADDRESS

Lutheran Hospital of Md.

23C. DATE SIGNED

March 23, 1953

24A. BURIAL, CREMATION, REMOVAL (Specify)

Burial

24B. DATE

3-25-1953

24C. NAME OF CEMETERY OR CREMATORY

Parkwood

24D. LOCATION (City, town, or county)

Baltimore Co.,

(State)

Md.

DATE RECEIVED BY
LOCAL REGISTRAR

MAR 24 1953

REGISTRAR'S SIGNATURE

Huntington Williams, M.D.

25. FUNERAL DIRECTOR

G. Howard Strong 3207 W. North Ave.,

ADDRESS

VS 150

0495E

MARGIN RESERVED FOR BINDING

PLEASE WRITE FULLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and briefly.

PLEASE WRITE FULLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and fully.

BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

53 3004

Registered No. _____

53 3004

BIRTH NO. _____

1. NAME OF DECEASED
(Type or Print)

Lena Heinke

2. DATE
OF
DEATH

Mar. 23-1953

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived: If institution: residence before admission)

A. STATE

Md.

B. COUNTY

B. FULL NAME OF
HOSPITAL OR
INSTITUTION (If not in hospital or institution, give street address or location)

Mount Convalescent Home

C. CITY OR TOWN

Balt.

26-03

D. STREET ADDRESS (If rural, give location)

3563 Elmley Ave.

c. Length of stay in Baltimore

5. SEX

Female

6. COLOR OR RACE

White

7. SINGLE, MARRIED,

WIDOWED, DIVORCED (Specify)
Single

8. DATE OF BIRTH

Jan. 3-1871

9. AGE (In years last birthday)

82

If Under 1 Year

Months: Days

If Under 24 Hours

Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Housework

10B. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country)

Balt. Md.

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME

Frederick Heinke

14. MOTHER'S MAIDEN NAME

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown)

16. SOCIAL SECURITY NO.

17. INFORMANT

Christina

ADDRESS

Harr 3563 Elmley Ave.

18. 199.9

CAUSE OF DEATH

INTERVAL BETWEEN ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e.g., heart failure, asthma, etc. It means the disease, injury or complication which caused death.)

(A)

Carcinomatosis

DUE TO

6 mos

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B)

DUE TO

(C)

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

Senility

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH

21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED

WHILE AT ☐ WORKNOT WHILE ☐ AT WORK

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from June 23, 1952 to March 23, 1953, that I last saw the deceased alive on March 21, 1953 and that death occurred at 9:25 a.m., from the causes and on the date stated above.

23A. SIGNATURE

Abraham B. Hurwitz

23B. ADDRESS

3048 W. North Ave.

23C. DATE SIGNED

3/24/53

24A. BURIAL, CREMATION, REMOVAL (Specify)

Burial

24B. DATE

Mar. 25-53

24C. NAME OF CEMETERY OR CREMATORY

Mt. Carmel Cem

24D. LOCATION (City, town, or county)

Balt. Md.

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

Huntington Williams, M.D.

25. FUNERAL DIRECTOR

John C. Mella

ADDRESS

2334 Jefferson St

VS 150

1007

25

RECEIVED BY THE UNITED STATES DEPARTMENT OF THE INTERIOR

WASHINGTON, D. C.

1007

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W-572ed Exam Case

WINN

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 53 3005

BIRTH NO. 53 3005

1. NAME OF DECEASED (Type or Print) <i>Leonard Winn</i>			2. DATE OF DEATH <i>Mar. 22, 1953</i>		
3. PLACE OF DEATH: A. Baltimore City, Maryland <i>Balto. City</i>			4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE <i>md.</i> B. COUNTY		
B. FULL NAME OF HOSPITAL OR INSTITUTION <i>JOHNS HOPKINS HOSPITAL</i>			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <i>Baltimore 7-04</i>		
c. Length of stay in Baltimore <i>50 yrs.</i>			D. STREET ADDRESS (If rural, give location) <i>906 Mc Donough St.</i>		
5. SEX <i>male</i>	6. COLOR OR RACE <i>colored</i>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <i>widowed</i>	8. DATE OF BIRTH	9. AGE (in years last birthday) <i>61</i>	If Under 1 Year Months: Days
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>Steel Laborer</i>			10B. KIND OF BUSINESS OR INDUSTRY <i>Spinning Plant</i>		
11. BIRTHPLACE (State or foreign country) <i>Virginia</i>			12. CITIZEN OF WHAT COUNTRY? <i>U.S.A.</i>		
13. FATHER'S NAME <i>John Winn</i>			14. MOTHER'S MAIDEN NAME <i>Mary Winn</i>		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) <i>no</i>			16. SOCIAL SECURITY NO.		
17. INFORMANT <i>JOHNS HOPKINS HOSPITAL</i>			ADDRESS		

18. <i>434.0</i>	CAUSE OF DEATH	INTERVAL BETWEEN ONSET AND DEATH
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)	(A) <i>Cardiac failure</i>	
ANTECEDENT CAUSES	(B) <i>Cor Pulmonale</i>	
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.	(C) <i>Hypertension, severe of thoracic spine</i>	
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		

19A. DATE OF OPERATION		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21A. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT <input type="checkbox"/> WORK NOT WHILE <input type="checkbox"/> AT WORK		21F. HOW DID INJURY OCCUR? <i>1/4/1945</i>	
22. I hereby certify that I attended the deceased from <i>3-22-53</i> , 19 <i>53</i> , to <i>3-22</i> , 19 <i>53</i> , that I last saw the deceased alive on <i>3-20</i> , 19 <i>53</i> , and that death occurred at <i>10:20 P.</i> m., from the causes and on the date stated above.					
23A. SIGNATURE <i>Frederick H. Smith</i>		23B. ADDRESS <i>JOHNS HOPKINS HOSPITAL</i>		23C. DATE SIGNED <i>3-23-53</i>	
24A. BURIAL, CREMATION, REMOVAL (Specify) <i>Burial</i>		24B. DATE <i>3/26/53</i>		24C. NAME OF CEMETERY OR CREMATORY <i>mt Calvary Cem</i>	
24D. LOCATION (City, town, or county) (State) <i>Brooklyn Md</i>		25. FUNERAL DIRECTOR <i>Elroy O. Wilson</i>			
DATE RECEIVED BY LOCAL REGISTRAR <i>MAR 24 1953</i>		REGISTRAR'S SIGNATURE <i>Huntington Williams, M.D.</i>		ADDRESS <i>1101 Beauty</i>	
VS 150 <i>Released 697030 Hospital</i>					

NOT A MEDICAL EXAMINER'S CASE
R. H. Fisher M.D.
CHIEF OR ASST. MEDICAL EXAMINER

**BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH**

Registered No. **53-3006**

BIRTH NO. **53-3006**

1. NAME OF DECEASED (Type or Print) Charles R. Griffith		2. DATE OF DEATH 3-23-53	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Maryland B. COUNTY Baltimore	
B. FULL NAME OF (If not in hospital or institution, give street address or location) Union Memorial Hospital		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Raspeburg	
5. Length of stay in Baltimore ? Yrs. Mos. Days		D. STREET ADDRESS (If rural, give location) 8316 Bel Air Road. 5300	
5. SEX M.	6. COLOR OR RACE wh.	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) MARRIED	8. DATE OF BIRTH 9-3-1867
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Latex maker		10B. KIND OF BUSINESS OR INDUSTRY Retired	9. AGE (In years, last birthday) 85
11. BIRTHPLACE (State or foreign country) BALTIMORE Md.		12. CITIZEN OF WHAT COUNTRY?	
13. FATHER'S NAME William G. Griffith		14. MOTHER'S MAIDEN NAME Elizabeth Rector	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) ? (If yes, give war or dates of service) ?		16. SOCIAL SECURITY NO. ?	
17. INFORMANT WIFE		ADDRESS SAME	

MEDICAL CERTIFICATION	18. 470.1 DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) coronary + generalized arteriosclerosis		INTERVAL BETWEEN ONSET AND DEATH
	ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. Stenosis of mitral valve chronic passive congestion of lungs + portal system		
	II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. cardiomegaly		

19A. DATE OF OPERATION 2/		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	

22. I hereby certify that I attended the deceased from **3-22-**, 1953, to **3-23-**, 1953, that I last saw the deceased alive on **3-23-**, 1953, and that death occurred at **4:30 p.m.**, from the causes and on the date stated above.

23A. SIGNATURE D. Hubbard		23B. ADDRESS Union Memorial Hosp. Balto. Md.		23C. DATE SIGNED March 23, 1953	
24A. BURIAL, CREMATION, REMOVAL (Specify) BURIAL		24B. DATE 3/27/53		24C. NAME OF CEMETERY OR CREMATORY BALTIMORE CENT	
24D. LOCATION (City, town, or county) (State) BALTIMORE		25. FUNERAL DIRECTOR Huntington Williams, M.D. Blaua F. Hoffman		ADDRESS 1639 Broadway	

CERTIFICATE OF DEATH

100-100000

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 53 3007

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

MANUEL ROMERO

2. DATE
OF
DEATH

March 19, 1953

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence

A. STATE

B. COUNTY

before admission)

New Jersey

B. FULL NAME OF (If not in hospital or institution, give street address or
HOSPITAL OR location)
INSTITUTION

Baltimore City Morgue

C. CITY OR TOWN

(If outside corporate limits, write RURAL and give township)

Bayonne

D. STREET ADDRESS (If rural, give location)

84 W. 18th Street

C. Length of stay in Baltimore

Yrs.
Mos.
Days

5. SEX

Male

6. COLOR OR RACE

White

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

Single

8. DATE OF BIRTH

October 8, 1902

9. AGE (in years
last birthday)

50?

If Under 1 Year
Months: DaysIf Under 24 Hours
Hours: Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

Merchant Marine

10B. KIND OF BUSINESS OR
INDUSTRY

11. BIRTHPLACE (State or foreign country)

Spain

12. CITIZEN OF
WHAT COUNTRY?

unknown

13. FATHER'S NAME

Manuel Romero

14. MOTHER'S MAIDEN NAME

Riviera Constantinia

15. WAS DECEASED EVER IN U.S. ARMED FORCES?
(Yes, no or unknown)

(If yes, give war or dates of service)

16. SOCIAL
SECURITY NO.

073-166-465

17. INFORMANT

ADDRESS

Wm. R. Migliaccio, 851 Blvd., Bayonne, N.J.

18. 422.1 and 322.1

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH(This does not mean the mode of dying, e.g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A) Arteriosclerotic cardiovascular disease

DUE TO

ANTECEDENT CAUSES

(B)

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

DUE TO

(C)

II

OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

Chronic alcoholism

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒21A. EXTERNAL CAUSE WAS
UNDERLYING ☐ OR CONTRIB-
UTING ☐ CAUSE OF DEATH.21B. PLACE OF INJURY (a.g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID (If in Baltimore City, give exact location)
INJURY OCCUR?21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

WHILE AT ☐ NOT WHILE ☐
WORK AT WORK

21F. HOW DID INJURY OCCUR?

22. I certify that I took charge of the remains described above, held an inspection & inquiry thereon and from
Autopsy, Inspection or Inquiry
the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above,
and death in my opinion resulted from: natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐.

23A. SIGNATURE

R. S. Fisher

M.D.

23B. CHIEF MEDICAL EXAMINER ☒
ASSISTANT MEDICAL EXAMINER ☐
MEDICAL INVESTIGATOR ☐23C. DATE SIGNED
March 20, 195324A. BURIAL, CREMA-
TION, REMOVAL (Specify)
Removal

24B. DATE

3/24/53

24C. NAME OF CEMETERY OR CREMATORY

Holy Cross Cemetery

24D. LOCATION (City, town, or county)

North Arlington, New Jersey

(State)

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

MAR 24 1953

Huntington Williams, M.D.

Wm. Cook, Inc.

1217 St. Paul Street

VS 151

673 55

DEPARTMENT OF HEALTH
CERTIFICATE OF DEATH

NAME OF DECEASED

DATE OF DEATH

SEX

AGE

PLACE OF BIRTH

DATE OF BIRTH

PLACE OF DEATH

CAUSE OF DEATH

DATE OF EXAMINATION

SIGNATURE OF PHYSICIAN

DATE OF SIGNATURE

PLACE OF SIGNATURE

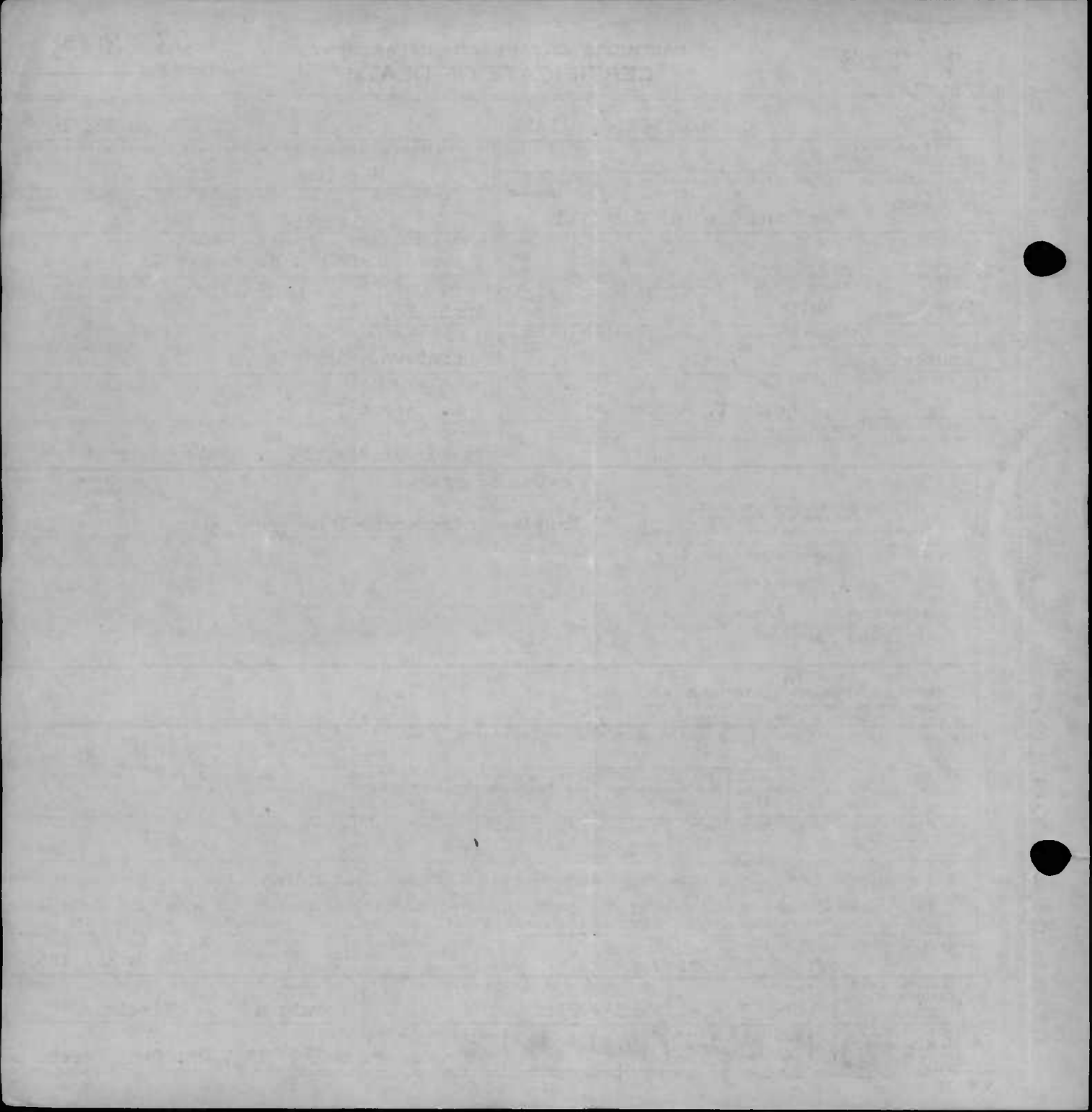
DATE OF SIGNATURE

PLACE OF SIGNATURE

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH53 3008
Registered No.B-432
53 3008
BIRTH NO.

1. NAME OF DECEASED (Type or Print) FLORENCE L. BLADES			2. DATE OF DEATH March 23, 1953		
3. PLACE OF DEATH: A. Baltimore City, Maryland			4. USUAL RESIDENCE (Where deceased lived, if institution: residence before admission) A. STATE Maryland B. COUNTY		
B. FULL NAME OF HOSPITAL OR INSTITUTION Maryland General Hospital			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore 13-02		
c. Length of stay in Baltimore Yrs. Mos. Days			D. STREET ADDRESS (If rural, give location) 1916 Mt. Royal Avenue		
5. SEX Female	6. COLOR OR RACE White	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Divorced	8. DATE OF BIRTH April 20, 1899	9. AGE (In years last birthday) 53	If Under 1 Year Months Days If Under 24 Hours Hours Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) housewife		10B. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) Horntown, Virginia		12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME Levin T. Parker			14. MOTHER'S MAIDEN NAME L. Medora		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.	17. INFORMANT ADDRESS Webster Blades, 15 W. Madison Street		

18. 331X DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) MASSIVE INTRACEREBRAL HEMORRHAGE (A) DUE TO ANTECEDENT CAUSES (B) DUE TO (C)			CAUSE OF DEATH MASSIVE INTRACEREBRAL HEMORRHAGE			INTERVAL BETWEEN ONSET AND DEATH		
19A. DATE OF OPERATION			19B. MAJOR FINDINGS OF OPERATION			20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>		
21A. EXTERNAL CAUSE WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH.		21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)				
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT <input type="checkbox"/> WORK AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?				
22. I certify that I took charge of the remains described above, held an autopsy thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes <input checked="" type="checkbox"/> , accident <input type="checkbox"/> , suicide <input type="checkbox"/> , homicide <input type="checkbox"/> , undetermined <input type="checkbox"/> .								
23A. SIGNATURE RBF Fisher			23B. CHIEF MEDICAL EXAMINER <input checked="" type="checkbox"/> ASSISTANT MEDICAL EXAMINER <input type="checkbox"/> MEDICAL INVESTIGATOR <input type="checkbox"/>			23C. DATE SIGNED March 24, 1953		
24A. BURIAL, CREMATION, REMOVAL (Specify) burial		24B. DATE 3/25/53		24C. NAME OF CEMETERY OR CREMATORY Family Plot		24D. LOCATION (City, town, or county) (State) Horntown, Virginia		
DATE RECEIVED BY LOCAL REGISTRAR MAR 24 1953		REGISTRAR'S SIGNATURE Huntington Williams, M.D.		25. FUNERAL DIRECTOR Wm. Cook, Inc.		ADDRESS 1217 St. Paul Street		



THE BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH
Registered No. 53 3009
BIRTH NO. 53 3009
The following information should be carefully supplied. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and fully.

1. NAME OF DECEASED (Type or Print) Luke Herchowski HRECHKEWSKI			2. DATE OF DEATH 3-23-53		
3. PLACE OF DEATH: A. Baltimore City, Maryland			4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE MD B. COUNTY 25-05		
B. FULL NAME OF HOSPITAL OR INSTITUTION Lutheran Hosp			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) CURTIS BAY BALTO. MD.		
c. Length of stay in Baltimore 46 Yrs. Mos. Days			D. STREET ADDRESS (If rural, give location) 1428 CHURCH ST.		
5. SEX Male	6. COLOR OR RACE White	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Single	8. DATE OF BIRTH July 4, 1882		9. AGE (In years last birthday) 70
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) LABORER		10B. KIND OF BUSINESS OR INDUSTRY PAVING (CONC.)	11. BIRTH PLACE (State or foreign country) Russia		12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME UNKNOWN			14. MOTHER'S MAIDEN NAME UNKNOWN		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) NO		16. SOCIAL SECURITY NO.	17. INFORMANT ADDRESS MR JOSEPH GRIBER		
18. 151X DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) Pyloric Obstruction DUE TO Carcinoma Stomach ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. Anemia Terminal			CAUSE OF DEATH Pyloric Obstruction Carcinoma Stomach Anemia Terminal		
19A. DATE OF OPERATION 0			19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>
21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)		
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT <input type="checkbox"/> WORK AT WORK <input type="checkbox"/>	21F. HOW DID INJURY OCCUR?		
22. I hereby certify that I attended the deceased from 3-13-53 to 3-23-53 , that I last saw the deceased alive on 3-23-53 , and that death occurred at 445 PM , from the causes and on the date stated above.					
23A. SIGNATURE Donald L. Doherty			23B. ADDRESS Lutheran Hosp		23C. DATE SIGNED 3-23-53
24A. BURIAL, CREMATION, REMOVAL (Specify) BURIAL	24B. DATE 3/25/53	24C. NAME OF CEMETERY OR CREMATORY Green Haven Mem Park		24D. LOCATION (City, town, or county) (State) Anne Arundel Co. MD	
DATE RECEIVED BY LOCAL REGISTRAR MAR 24 1953		REGISTRAR'S SIGNATURE Huntington Williams		25. FUNERAL DIRECTOR ADDRESS George T Gonca 4001 Rte 10 Hwy.	

9704R

100-3-1000

INSTITUTE OF HEALTH

100-3-1000

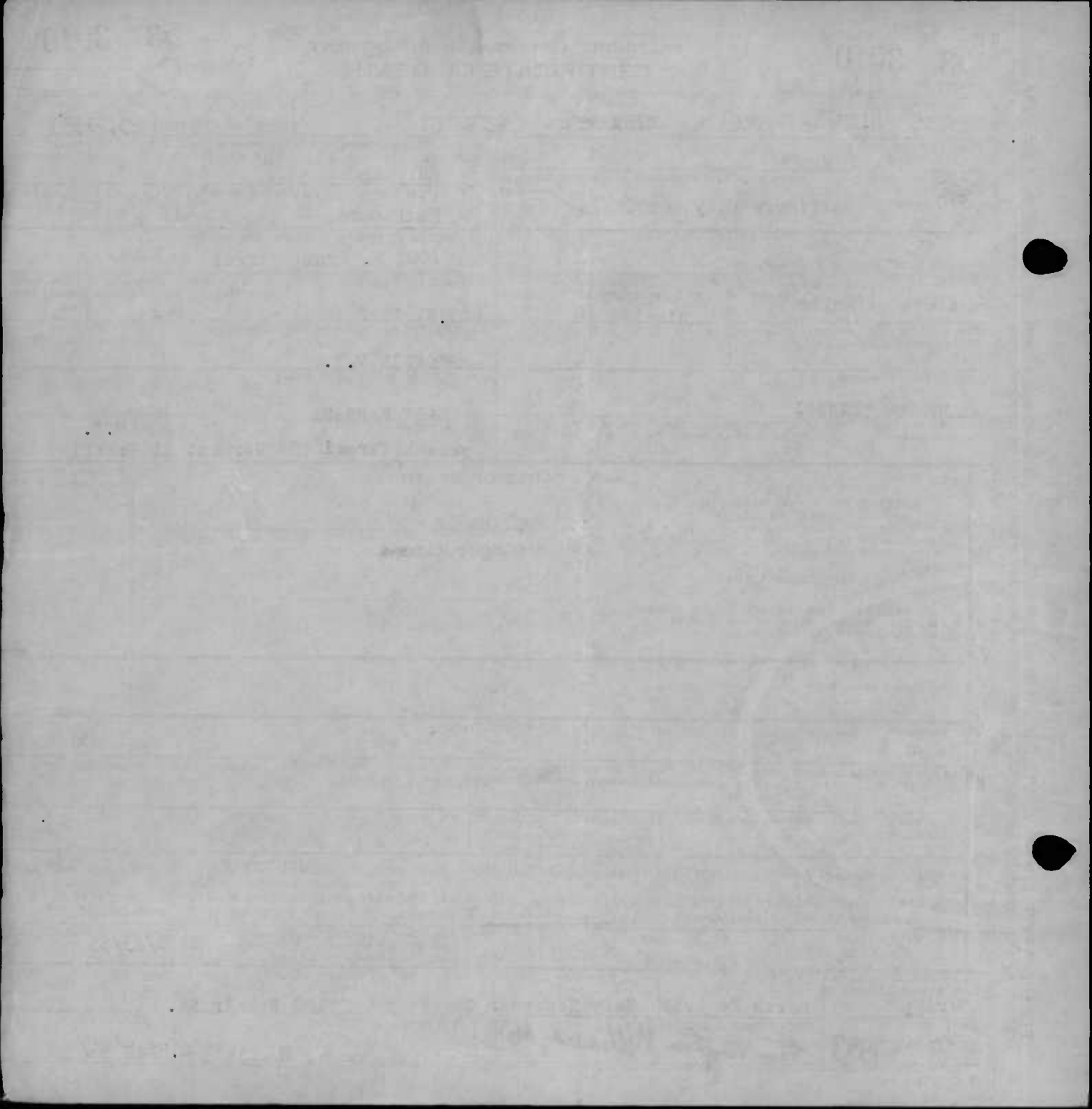
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BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH53 3010
Registered No.

BIRTH NO. 53 3010		1. NAME OF DECEASED (Type or Print) RICHARD JOSEPH TERESI		2. DATE OF DEATH March 23, 1953	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Maryland B. COUNTY Baltimore		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore	
B. FULL NAME OF HOSPITAL OR INSTITUTION Baltimore City Hospitals		D. STREET ADDRESS (If rural, give location) 1001 E. Pratt Street		E. LENGTH OF STAY IN BALTIMORE Yrs. 2 Mos. 0 Days 0	
5. SEX Male	6. COLOR OR RACE White	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Single	8. DATE OF BIRTH NOV. 21 1952	9. AGE (In years last birthday) 4	10. UNDER 1 Year Months 0 Days 0
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10B. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) BROOKLIN N.Y.	
13. FATHER'S NAME JOSEPH TERESI		14. MOTHER'S MAIDEN NAME MARY SARZANA		12. CITIZEN OF WHAT COUNTRY? N.Y.	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) No		16. SOCIAL SECURITY NO.		17. INFORMANT Joseph Teresi 408 Vermont St Brookl	
18. 057.1		CAUSE OF DEATH		INTERVAL BETWEEN ONSET AND DEATH	
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)		(A) Septicemia DUE TO Meningococcus			
ANTECEDENT CAUSES		(B) DUE TO			
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.		(C) DUE TO			
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.					
19A. DATE OF OPERATION		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
21A. EXTERNAL CAUSE WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH.		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I certify that I took charge of the remains described above, held an autopsy thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes <input checked="" type="checkbox"/> , accident <input type="checkbox"/> , suicide <input type="checkbox"/> , homicide <input type="checkbox"/> , undetermined <input type="checkbox"/> .					
23A. SIGNATURE William J. Spence		23B. CHIEF MEDICAL EXAMINER <input checked="" type="checkbox"/> ASSISTANT MEDICAL EXAMINER <input type="checkbox"/> M.D. MEDICAL INVESTIGATOR <input type="checkbox"/>		23C. DATE SIGNED 3/23/53	
24A. BURIAL, CREMATION, REMOVAL (Specify) Burial		24B. DATE March 24 1953		24C. NAME OF CEMETERY OR CREMATORY Holy Redeemer Cemetery	
24D. LOCATION (City, town, or county) 4430 Belair Rd.		24E. FUNERAL DIRECTOR Joseph Della Loe		24F. ADDRESS 322 S. High St.	
DATE RECEIVED BY LOCAL REGISTRAR MAR 24 1953		REGISTRAR'S SIGNATURE Huntington Williams, M.D.		25. FUNERAL DIRECTOR Joseph Della Loe	



MAR/ 105959

53 3011

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 53 3011

1. NAME OF DECEASED (Type or Print)		2. DATE OF DEATH	
Lee York		Mar. 21, 1953	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Maryland B. COUNTY	
B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Baltimore City Hospitals 4940 Eastern Avenue		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore 26-12	
C. Length of stay in Baltimore 62 yrs. Yrs. Mos. Days		D. STREET ADDRESS (If rural, give location) Baltimore City Hospitals, 4940 Eastern Ave	
5. SEX M	6. COLOR OR RACE Chinese	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Single	8. DATE OF BIRTH Mar. 29, 1875
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10B. KIND OF BUSINESS OR INDUSTRY	9. AGE (In years last birthday) 77
13. FATHER'S NAME Lee Tai		14. MOTHER'S MAIDEN NAME Leu Hen	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)		16. SOCIAL SECURITY NO.	
17. INFORMANT ADDRESS Records: Balto. City Hospitals 4940 Eastern Ave.		12. CITIZEN OF WHAT COUNTRY?	
11. BIRTHPLACE (State or foreign country) Canton, China		18. 578X and 002X DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) Rectal Hemorrhage DUE TO ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. Pulmonary Tuberculosis	
19A. DATE OF OPERATION		19B. MAJOR FINDINGS OF OPERATION	
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH		21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)		21D. TIME (Month) (Day) (Year) (Hour) OF INJURY	
21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from 11-8 1946, to 3-21 1953, that I last saw the deceased alive on 3-21 1953, and that death occurred at 4:50P m., from the causes and on the date stated above.			
23A. SIGNATURE H. J. Jones		23B. ADDRESS M. D. 4940 Eastern Ave., Balto. Md.	
23C. DATE SIGNED 3-21-53		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
24A. BURIAL, CREMATION, REMOVAL (Specify) Burial		24B. DATE Mar 21/53	
24C. NAME OF CEMETERY OR CREMATORY Lorraine		24D. LOCATION (City, town, or county) (State) Baltimore Md.	
DATE RECEIVED BY LOCAL REGISTRAR MAR 24 1953		REGISTRAR'S SIGNATURE H. J. Jones	
FUNERAL DIRECTOR H. J. Jones		ADDRESS 18 W York Rd	

350

53 3012

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH53 3012
Registered No.

1. NAME OF DECEASED (Type or Print) <i>W. Houston Yandain</i>		2. DATE OF DEATH <i>March 23/53</i>	
3. PLACE OF DEATH: A. Baltimore City, Maryland <i>2525 1/2 Calvert</i>		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE <i>md.</i> B. COUNTY <i>Baltimore</i>	
B. FULL NAME OF HOSPITAL OR INSTITUTION <i>at home</i>		C. CITY OR TOWN (If outside corporate limits, write RUKAL and give township) <i>Baltimore 12-03</i>	
C. Length of stay in Baltimore <i>63</i>		D. STREET ADDRESS (If rural, give location) <i>2525 1/2 Calvert St.</i>	
5. SEX <i>Male</i>	6. COLOR OR RACE <i>white</i>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <i>married</i>	8. DATE OF BIRTH <i>March 17/1889</i>
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>(Clerk)</i>		10B. KIND OF BUSINESS OR INDUSTRY <i>none</i>	9. AGE (in years last birthday) <i>64</i>
11. BIRTHPLACE (State or foreign country) <i>Delaware</i>		12. CITIZEN OF WHAT COUNTRY? <i>U.S.</i>	
13. FATHER'S NAME <i>John W. Yandain</i>		14. MOTHER'S MAIDEN NAME <i>Fannie Houston</i>	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) <i>-</i>		16. SOCIAL SECURITY NO. <i>214-12-1363</i>	
17. INFORMANT <i>Mr. Sumtha B. Yandain (wife)</i>		ADDRESS <i>Balto.</i>	
18. <i>420.1</i> DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) <i>Coronary Thrombosis</i>		CAUSE OF DEATH (A) <i>Coronary Thrombosis</i> DUE TO	
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. <i>Coronary Artery Disease</i>		(B) <i>Coronary Artery Disease</i> DUE TO	
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. <i>Chronic Hypertension</i>		(C) <i>Chronic Hypertension</i>	
19A. DATE OF OPERATION <i>0</i>		19B. MAJOR FINDINGS OF OPERATION	
20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>			
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH <input type="checkbox"/>		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)		21D. HOW DID INJURY OCCUR?	
21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>			
22. I hereby certify that I attended the deceased from <i>March 22, 1953</i> , to <i>Mar. 23, 1953</i> , that I last saw the deceased alive on <i>Mar. 23, 1953</i> , and that death occurred at <i>9:30 A.M.</i> , from the causes and on the date stated above.			
23A. SIGNATURE <i>Frank N. Oden</i>		23B. ADDRESS <i>2701 N. Calvert St.</i>	
23C. DATE SIGNED <i>March 23, '53</i>			
24A. BURIAL, CREMATION, REMOVAL (Specify) <i>buried</i>		24B. DATE <i>March 25/53</i>	
24C. NAME OF CEMETERY OR CREMATORY <i>Louisa Park</i>		24D. LOCATION (City, town, or county) (State) <i>Baltimore</i>	
DATE RECEIVED BY LOCAL REGISTRAR <i>MAR 24 1953</i>		REGISTRAR'S SIGNATURE <i>Huntington Williams</i>	
FUNDAL DIRECTOR <i>W. E. Moore</i>		ADDRESS <i>810 New York</i>	

THE BOARD OF HEALTH
CITY OF BOSTON
CERTIFICATE OF DEATH

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53 3013

BALTIMORE CITY HEALTH DEPARTMENT

Registered No.

53-3013

BIRTH NO. 53-07029

CERTIFICATE OF DEATH

1. NAME OF DECEASED (Type or Print) BABY BOY DRANE			2. DATE OF DEATH 3/24/53		
3. PLACE OF DEATH: A. Baltimore City, Maryland			4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE MARYLAND B. COUNTY BALTO.		
B. FULL NAME OF HOSPITAL OR INSTITUTION UNION MEMORIAL HOSP			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) BALTIMORE - MIDDLE RIVER		
C. Length of stay in Baltimore — Yrs. Mos. Days			D. STREET ADDRESS (If rural, give location) 32 DIHEDRAL DRIVE 5254		
5. SEX M	6. COLOR OR RACE W	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	B. DATE OF BIRTH 3/22/53	9. AGE (In years last birthday)	If Under 1 Year Months: 2 Days: 3 Hours: 34
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10B. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) MARYLAND		12. CITIZEN OF WHAT COUNTRY? USA
13. FATHER'S NAME ELMER J. DRANE			14. MOTHER'S MAIDEN NAME MARGARET BOWERS		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.	17. INFORMANT ADDRESS ELMER J. DRANE (Father) SAME		

18. 762.5 DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.	CAUSE OF DEATH (A) pulmonary atelectasis DUE TO (B) prematurity DUE TO (C)		INTERVAL BETWEEN ONSET AND DEATH
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19A. DATE OF OPERATION 3/24		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)		21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	

22. I hereby certify that I attended the deceased from **3/22**, 19**53**, to **3/24**, 19**53**, that I last saw the deceased alive on **3/24**, 19**53**, and that death occurred at **7:00** a.m., from the causes and on the date stated above.

23A. SIGNATURE Warren W. Wuybacha		23B. ADDRESS Union Memorial Hosp		23C. DATE SIGNED 3/24/53	
24A. BURIAL, CREMATION, REMOVAL (Specify) BURIAL		24B. DATE 2-25-1953		24C. NAME OF CEMETERY OR CREMATORY BALTIMORE	
24D. LOCATION (City, town, or county) (State) E. NORTH AVE BALTO. M.C.		25. FUNERAL DIRECTOR J. Walter Coulter 2343 Highland Rd.			
DATE RECEIVED BY LOCAL REGISTRAR		REGISTRAR'S SIGNATURE		25. FUNERAL DIRECTOR ADDRESS	

84-343

UNITED STATES DEPARTMENT OF JUSTICE



**BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH**

53 3014

Registered No. _____

BIRTH NO. _____

1. NAME OF DECEASED (Type or Print) CAROLINE SCHOENEMANN		2. DATE OF DEATH 3-24-53	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived, if institution: residence before admission) A. STATE MD B. COUNTY _____	
B. FULL NAME OF (If not in hospital or institution, give street address or location) 4300 Garrison Boulevard Baltimore 1510		C. CITY OR TOWN (If outside corporate limits, write RURAL, and give township)	
D. STREET ADDRESS (If rural, give location) 4300 Garrison Boulevard		E. Yrs. 12 Mos. 12 Days	
c. Length of stay in Baltimore		8. DATE OF BIRTH	
5. SEX Female	6. COLOR OR RACE White	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Widowed	9. AGE (In years last birthday) 56
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) House wife		10B. KIND OF BUSINESS OR INDUSTRY	
11. BIRTHPLACE (State or foreign country) Germany		12. CITIZEN OF WHAT COUNTRY?	
13. FATHER'S NAME Max		14. MOTHER'S MAIDEN NAME Theresa	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.	
17. INFORMANT Justen Goldmann - same		ADDRESS	

18. 260x and E903.0		CAUSE OF DEATH		INTERVAL BETWEEN ONSET AND DEATH	
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)		(A) general Arteriosclerosis			
ANTECEDENT CAUSES		(B) Diabetes mellitus			
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.		(C) Fractured rt. hip.			
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		CERTIFICATION APPROVED BY [Signature]		M.D.	

19A. DATE OF OPERATION 0		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH <input checked="" type="checkbox"/>	21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) Home	21C. WHERE DID INJURY OCCUR? 4300 Garrison Blvd.	If in Baltimore City, give location		
21D. TIME (Month, Year, Hour) OF INJURY 1/2 yrs ago	21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	21F. HOW DID INJURY OCCUR? slipped and fell 40 ft. floor.			
22. I hereby certify that I attended the deceased from June 1946 to March 24, 1953 , that I last saw the deceased alive on 3-24-53 , 1953, and that death occurred at 11 m., from the causes and on the date stated above.					
23A. SIGNATURE Harold H. Bix		23B. ADDRESS 2516 Linton Ave		23C. DATE SIGNED 3-25-53	
24A. BURIAL, CREMATION, REMOVAL (Specify) Burial	24B. DATE 3-25-53	24C. NAME OF CEMETERY OR CREMATORY Cheverus Aghas	24D. LOCATION (City, town, or county) (State) Randallstown Md		

DATE RECEIVED BY LOCAL REGISTRAR MAR 25 1953		REGISTRAR'S SIGNATURE Hamington Williams		FUNDAL DIRECTOR Jack Lewis	
VS 150		N 820.1		ADDRESS 2100 Eutan Rd	

MEDICAL CERTIFICATION

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CERTIFICATE OF DEATH

STATE OF NEW YORK

DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

STATE OF NEW YORK

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DEPARTMENT OF HEALTH

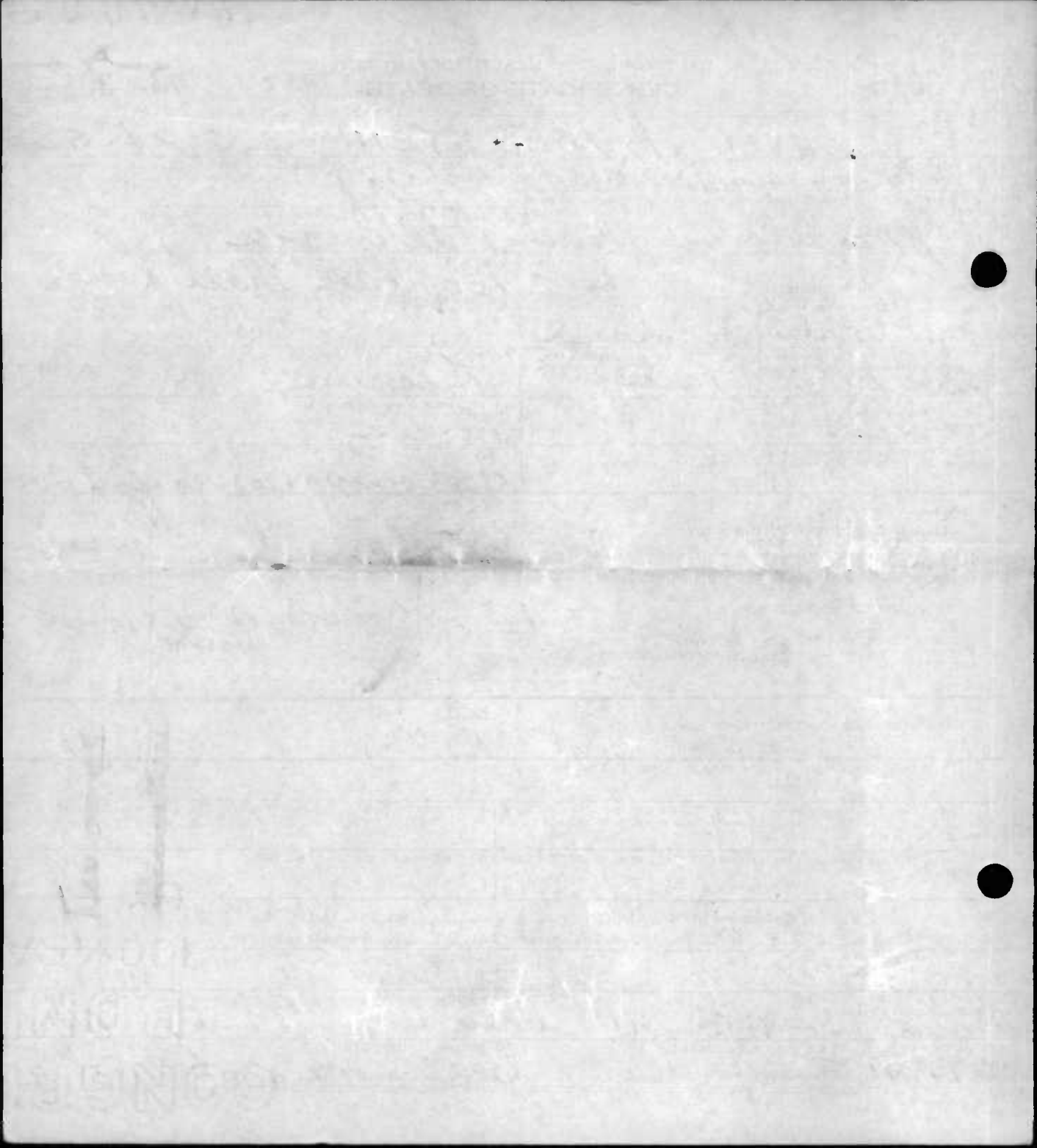
53 3015

BIRTH NO.

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered 53 3015

1. NAME OF DECEASED (Type or Print) DAVID RUBENSTEIN		2. DATE OF DEATH 3-24-53	
3. PLACE OF DEATH: A. Baltimore City, Maryland 4601 Fall Mall Rd		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Md B. COUNTY	
5. FULL NAME OF HOSPITAL OR INSTITUTION Jewish Conv. Home		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore	
6. Length of stay in Baltimore 60 Yrs. Mos. Days		D. STREET ADDRESS (If rural, give location) 4601 Fall Mall Road	
5. SEX Male	6. COLOR OR RACE White	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Widowed	8. DATE OF BIRTH
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired		10B. KIND OF BUSINESS OR INDUSTRY Tailor	9. AGE (In years last birthday) 84
13. FATHER'S NAME Loewis		11. BIRTHPLACE (State or foreign country) Russia	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)		12. CITIZEN OF WHAT COUNTRY?	
16. SOCIAL SECURITY NO.		14. MOTHER'S MAIDEN NAME Tellie	
18. 443X I DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)		17. INFORMANT ADDRESS Ada Loren - 4707 Beaufort Ave	
ANTECEDENT CAUSES		INTERVAL BETWEEN ONSET AND DEATH	
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.		25 years	
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		15 years	
19A. DATE OF OPERATION 0		19B. MAJOR FINDINGS OF OPERATION Prostatectomy	
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH		20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
21F. HOW DID INJURY OCCUR?		22. I hereby certify that I attended the deceased from 1940 to March 24 , 19 53 , that I last saw the deceased alive on 3/24 , 19 53 and that death occurred at 3P m., from the causes and on the date stated above.	
23A. SIGNATURE Sam Cohen		23B. ADDRESS 1804 Eutan Place	
23C. DATE SIGNED 3/24/53		24A. BURIAL, CREMATION, REMOVAL (Specify) Burial	
24B. DATE 3-25-53		24C. NAME OF CEMETERY OR CREMATORY Mt Carmel	
24D. LOCATION (City, town, or county) Balto, Md		24E. LOCAL REGISTRY	
DATE RECEIVED BY MAR 25 1953		REGISTRAR'S SIGNATURE Huntington Williams	
FUNERAL DIRECTOR Jack Lewis		ADDRESS 2100 Eutan Pl	



**BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH**

53 3016
Registered No.

BIRTH NO.

1. NAME OF DECEASED (Type or Print) EMMA Jane Weber		2. DATE OF DEATH 3-22-53	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived, if institution; residence before admission) A. STATE Maryland B. COUNTY	
B. FULL NAME OF HOSPITAL OR INSTITUTION UNION Memorial Hospital		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) BALTIMORE 26-36	
C. Length of stay in Baltimore Lifetime		D. STREET ADDRESS (If rural, give location) 3309 TOONE ST	
5. SEX F	6. COLOR OR RACE Wh	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH 3-22-59-11-1888
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) HOUSE WORK		10B. KIND OF BUSINESS OR INDUSTRY AT HOME	
13. FATHER'S NAME WILLIAM D. BROWN		12. CITIZEN OF WHAT COUNTRY? U.S.A	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) NO		16. SOCIAL SECURITY NO. NONE	
17. INFORMANT Daughter		ADDRESS same	

18. 422.1 and 260x
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
 (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

CAUSE OF DEATH

(A) Pneumonia

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B) A.S.C.V.D. Congestive heart Failure

DUE TO

(C) A.S.C.V.D

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

Diabetes Mellitus

INTERVAL BETWEEN ONSET AND DEATH

19A. DATE OF OPERATION	19B. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)	21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME (Month) (Day) (Year) (Hour) INJURY	21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 3-21-1953, to 3-22-1953, that I last saw the deceased alive on 3-22-1953, and that death occurred at 1:35 a.m., from the causes and on the date stated above.

23A. SIGNATURE Georgia Reynolds	23B. ADDRESS Union Memorial Hospital	23C. DATE SIGNED 3/22/53
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24A. BURIAL, CREMATION, REMOVAL (Specify) BURIAL	24B. DATE 3-25-53	24C. NAME OF CEMETERY OR CREMATORY OAK LAWN CEMETERY	24D. LOCATION (City, town, or county) (State) 7225 EASTERN AVE BALTO.
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DATE RECEIVED BY LOCAL REGISTRAR MAR 25 1953	REGISTRAR'S SIGNATURE Huntington Williams, M.D.	25. FUNERAL DIRECTOR Charles S. Jailer	ADDRESS 9015 CONKLING ST. BALTO., 24, M.D.
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OFFICE OF THE SECRETARY OF THE ARMY

1918



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33017
BIRTH NO.BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH53 3017
Registered No.

1. NAME OF DECEASED (Type or Print) JOHN E. STOUT (JOHN E. STOUT)			2. DATE OF DEATH 3/22/53		
3. PLACE OF DEATH: A. Baltimore City, Maryland			4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admision) A. STATE Maryland B. COUNTY		
B. FULL NAME OF HOSPITAL OR INSTITUTION UNIVERSITY HOSPITAL			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore		
c. Length of stay in Baltimore Life			D. STREET ADDRESS (If rural, give location) 3725 Yolando Road		
5. SEX M	6. COLOR OR RACE W	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Divorced	8. DATE OF BIRTH June 27, 1893	9. AGE (In years last birthday) 59	If Under 1 Year Months: Days If Under 24 Hours Hours: Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) CLERICAL		10B. KIND OF BUSINESS OR INDUSTRY State Health		11. BIRTHPLACE (State or foreign country) Baltimore, Md.	
12. CITIZEN OF WHAT COUNTRY? USA			13. FATHER'S NAME George F. Stout		
14. MOTHER'S MAIDEN NAME Martha B. Bode			15. WAS DECEASED EVER IN U. S. ARMED FORCES? (If yes, give war or dates of service) no		
16. SOCIAL SECURITY NO.			17. INFORMANT 3725 Yolando Road Mr. Elmer T. Stout		
18. 002X DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) CAUSE OF DEATH Tuberculosis of colon (A) DUE TO Partial Pneumothorax (B) DUE TO (C) DUE TO			INTERVAL BETWEEN ONSET AND DEATH		
19. DATE OF OPERATION 3/12/53			19B. MAJOR FINDINGS OF OPERATION Tuberculosis of colon		
20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>			21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH <input type="checkbox"/>		
21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)			21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)		
21D. TIME (Month) (Day) (Year) (Hour) INJURY			21E. INJURY OCCURRED WHILE AT <input type="checkbox"/> NOT WHILE <input type="checkbox"/> WORK AT WORK		
21F. HOW DID INJURY OCCUR?			22. I hereby certify that I attended the deceased from 3/10/53 , 19 53 , to 3/22/53 , 19 53 , that I last saw the deceased alive on 3/22 , 19 53 and that death occurred at 10:10 A. m. , from the causes and on the date stated above.		
23A. SIGNATURE Samuel W. Deisha M. D.			23B. ADDRESS University Hospital		
23C. DATE SIGNED 3/22/53			24A. BURIAL, CREMATION, REMOVAL (Specify) burial		
24B. DATE 3/25/53			24C. NAME OF CEMETERY OR CREMATORY Parkwood Cemetery		
24D. LOCATION (City, town, or county) (State) Baltimore, Md.			25. FUNERAL DIRECTOR HENRY SANDER & SONS, INC.		
DATE RECEIVED BY LOCAL REGISTRAR MAR 25 1953			REGISTRAR'S SIGNATURE Huntington Williams, M.D.		
VS 150			BALTO., 13, MD. George J. Sander		

39092

DEPARTMENT OF HEALTH
CITY OF BOSTON
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33 3018
BIRTH NO.BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 53 3018

1. NAME OF DECEASED (Type or Print) <i>Dorman, Mr Sohn</i>			2. DATE OF DEATH <i>3-23-53</i>		
3. PLACE OF DEATH: a. Baltimore City, Maryland			4. USUAL RESIDENCE (Where deceased lived, if institution: residence before admission) A. STATE <i>Maryland</i> B. COUNTY		
b. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) <i>Church Home & Hospital</i>			c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <i>Baltimore 2-1 1-03</i>		
c. Length of stay in Baltimore <i>Life</i>			d. STREET ADDRESS (If rural, give location) <i>2306 Foster Ave</i>		
5. SEX <i>male</i>	6. COLOR OR RACE <i>white</i>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <i>divorced</i>	8. DATE OF BIRTH <i>March 15 1881</i>	9. AGE (in years last birthday) <i>71</i>	If Under 1 Year Months: Days: If Under 24 Hours Hours: Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>unemployed</i>			10b. KIND OF BUSINESS OR INDUSTRY		
13. FATHER'S NAME <i>Dorman, James</i>			12. CITIZEN OF WHAT COUNTRY? <i>USA</i>		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)			16. SOCIAL SECURITY NO.		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (If yes, give war or dates of service)			17. INFORMANT <i>Patient</i>		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (If yes, give war or dates of service)			ADDRESS		

18. <i>587.0</i>	CAUSE OF DEATH	INTERVAL BETWEEN ONSET AND DEATH
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)	(A) <i>Acute Pancreatitis</i>	
ANTECEDENT CAUSES	DUE TO	
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.	(B) <i>Blockage of Pancreatic duct</i>	
	DUE TO	
	(C)	

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		<i>Generalized arteriosclerosis</i>
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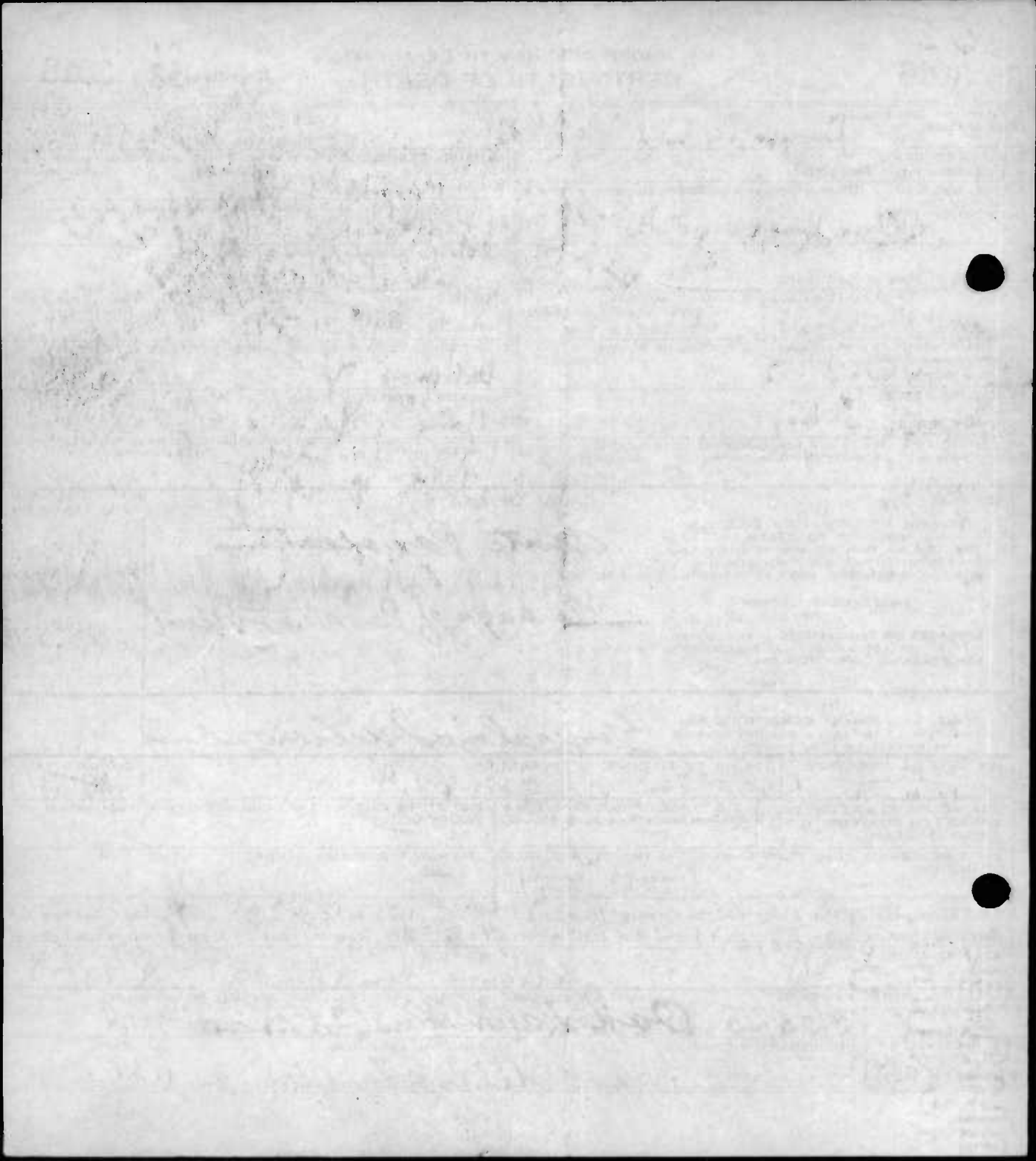
19A. DATE OF OPERATION	19B. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH	21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY	21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from *3-5-53*, 19*53*, to *3-23-53*, 19*53* that I last saw the deceased alive on *3-23-53*, 19*53* and that death occurred at *7:10* Am., from the causes and on the date stated above.

23A. SIGNATURE <i>[Signature]</i>	23B. ADDRESS <i>Church Home & Hospital</i>	23C. DATE SIGNED <i>3-23-53</i>
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24A. BURIAL, CREMATION, REMOVAL (Specify) <i>Burial</i>	24B. DATE <i>3/25/53</i>	24C. NAME OF CEMETERY OR CREMATORY <i>Oak Lawn Cem. Baltimore Md</i>	24D. LOCATION (City, town, or county) (State) <i>Baltimore Md</i>
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DATE RECEIVED BY LOCAL REGISTRAR <i>MAR 25 1953</i>	REGISTRAR'S SIGNATURE <i>Huntington Williams</i>	25. FUNERAL DIRECTOR <i>Willie L. Williams</i>	ADDRESS <i>2008 Orleans</i>
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620
53 3019BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 53 3019

BIRTH NO.		1. NAME OF DECEASED (Type or Print) Claggett Dorsey		2. DATE OF DEATH 3/23/53	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Maryland B. COUNTY Balto.			
B. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION Church Home Hospital		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore 26-11			
c. Length of stay in Baltimore 27 yrs.		D. STREET ADDRESS (If rural, give location) 407 S. East Ave.			
5. SEX M	6. COLOR OR RACE W	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) M	8. DATE OF BIRTH 6/18/1895	9. AGE (In years last birthday) 57	10. Under 1 Year Months: Days: 11. Under 24 Hours Hours: Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Club - Union Hotel		10B. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) Maryland	
12. CITIZEN OF WHAT COUNTRY? USA		13. FATHER'S NAME Samuel Dorsey		14. MOTHER'S MAIDEN NAME Jennie Train	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) No		16. SOCIAL SECURITY NO. 212-10-7726		17. INFORMANT ADDRESS Hospital chart	
18. 584X DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) Pulmonary Embolus DUE TO Thrombophlebitis - left leg.		CAUSE OF DEATH		INTERVAL BETWEEN ONSET AND DEATH 5 min. unknown	
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.					
19A. DATE OF OPERATION 3/13/53		19B. MAJOR FINDINGS OF OPERATION cholelithiasis + cholecholelithiasis		20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH <input type="checkbox"/>		21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) —		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location) —	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY —		21E. INJURY OCCURRED WHILE AT <input type="checkbox"/> WORK NOT WHILE <input type="checkbox"/> AT WORK		21F. HOW DID INJURY OCCUR? —	
22. I hereby certify that I attended the deceased from 3/4 , 19 52 to 3/23 , 19 53 that I last saw the deceased alive on 3/23 , 19 52 , and that death occurred at 5:00 P.m. , from the causes and on the date stated above.					
23A. SIGNATURE Arthur F. Woodward		23B. ADDRESS Church Home Hospital		23C. DATE SIGNED 3/24/53	
24A. BURIAL, CREMATION, REMOVAL (Specify) Burial		24B. DATE 3/26/53		24C. NAME OF CEMETERY OR CREMATORY MO Oliver	
24D. LOCATION (City, town, or county) Fredens Md		24E. (State)			
DATE RECEIVED BY LOCAL REGISTRAR MAR 25 1953		REGISTRAR'S SIGNATURE Wilmington Williams, M.D.		25. FUNERAL DIRECTOR ADDRESS William F. Home 2004 Orleans St	

1894

STATE OF TEXAS

1

**BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH**

Registered No. **53 3020**

352
3020

BIRTH NO.		1. NAME OF DECEASED (Type or Print) JOHN C. WHITTINGTON (WHITTINGTON)		2. DATE OF DEATH 3/22/53	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE MARYLAND B. COUNTY			
B. FULL NAME OF HOSPITAL OR INSTITUTION 1805 APPLETON STREET		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) BALTIMORE			
c. Length of stay in Baltimore 3 MONTHS		D. STREET ADDRESS (If rural, give location) 1805 APPLETON ST.			
5. SEX M	6. COLOR OR RACE C	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) MARRIED	8. DATE OF BIRTH 3/24/1908	9. AGE (In years last birthday) 44	If Under 1 Year Months: Days Hours: Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) HAUFFEUR		10B. KIND OF BUSINESS OR INDUSTRY SCHOOL		11. BIRTHPLACE (State or foreign country) BALTIMORE	
13. FATHER'S NAME ELI WHITTINGTON		14. MOTHER'S MAIDEN NAME SOPHIA PRATT		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) NO		16. SOCIAL SECURITY NO.		17. INFORMANT WILLIE ANN WHITTINGTON (W) APPLETON ST	
18. 161x DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) CARCINOMA OF LARYNX DUE TO		CAUSE OF DEATH		INTERVAL BETWEEN ONSET AND DEATH 14 MOS.	
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.		(B)			
(C)					
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.					
19A. DATE OF OPERATION 3/25/53		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH <input type="checkbox"/>		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from 2/19 , 19 53 , to 3/22 , 19 53 , that I last saw the deceased alive on 3/21 , 19 53 , and that death occurred at 7AM m., from the causes and on the date stated above.					
23A. SIGNATURE <i>J. Preston Grant</i>		23B. ADDRESS 601 N. CARROLLTON		23C. DATE SIGNED 3/24/53	
24A. BURIAL, CREMATION, REMOVAL (Specify) BURIAL		24B. DATE 3/25/53		24C. NAME OF CEMETERY OR CREMATORY ARBUTUS MEM'L. PK.	
24D. LOCATION (City, town, or county) (State) BALTO. COUNTY, MD		25. FUNERAL DIRECTOR CHARLES G. COOPER-512 CARROLLTON AV			
DATE RECEIVED BY LOCAL REGISTRAR MAR 25 1953		REGISTRAR'S SIGNATURE <i>Charles G. Cooper</i>			

MEDICAL CERTIFICATION

UNITED STATES DEPARTMENT OF COMMERCE
BUREAU OF MARITIME SERVICE

OFFICE OF THE SECRETARY

WASHINGTON, D. C.

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BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

53 3021
Registered No.

BIRTH NO.		1. NAME OF DECEASED (Type or Print) Clarence H. Doggett		2. DATE OF DEATH March 23, 1953	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Md. B. COUNTY			
B. FULL NAME OF HOSPITAL OR INSTITUTION 1368 N. Calhoun St.		C. CITY OR TOWN (If outside corporate limits, write in U.S.A.L. and give township) Balto.			
C. Length of stay in Baltimore ?		D. STREET ADDRESS (If rural, give location) 1368 N. Calhoun St.			
5. SEX M	6. COLOR OR RACE C	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) M	8. DATE OF BIRTH 4/2/98	9. AGE (in years last birthday) 54	If Under 1 Year Months: Days If Under 24 Hours Hours: Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Chaufeur		10B. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) Va.	
12. CITIZEN OF WHAT COUNTRY? USA		13. FATHER'S NAME ?		14. MOTHER'S MAIDEN NAME ?	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) No		16. SOCIAL SECURITY NO. 216-18-3867		17. INFORMANT ADDRESS Florence Doggett 1368 N. Calhoun St.	
18. 421.4 DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) (A) Chronic valvular disease of heart DUE TO (B) DUE TO (C)		CAUSE OF DEATH 5 years INTERVAL BETWEEN ONSET AND DEATH			
19A. DATE OF OPERATION 0		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH <input type="checkbox"/>		21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from 2-9-1953 , to 3-23-1953 , that I last saw the deceased alive on 3-22-1953 , and that death occurred at 3:30 p.m. , from the causes and on the date stated above.					
23A. SIGNATURE John E. J. Camper		23B. ADDRESS 639 N. Carey St. Balto		23C. DATE SIGNED 3-25-53	
24A. BURIAL, CREMATION, REMOVAL (Specify) Burial		24B. DATE 3/26/53		24C. NAME OF CEMETERY OR CREMATORY Mt Auburn	
24D. LOCATION (City, town, or county) Balto. Md.		25. FUNERAL DIRECTOR ADDRESS Geo. G. Kelson 1303 Presstman St.			
DATE RECEIVED BY LOCAL REGISTRAR MAR 25 1953		REGISTRAR'S SIGNATURE Huntington Williams, Mt.			
VS 150		683 52 Geo. G. Kelson			

MEDICAL CERTIFICATION

STATE OF NEW YORK
DEPARTMENT OF HEALTH
BUREAU OF VITAL RECORDS
CERTIFICATE OF DEATH

DATE OF DEATH

AGE

SEX

RACE

PLACE OF BIRTH

EDUCATION

RELIGION

CAUSE OF DEATH

DATE OF DEATH

PLACE OF DEATH

DATE OF DEATH

PLACE OF DEATH

CAUSE OF DEATH

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BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 53 3022

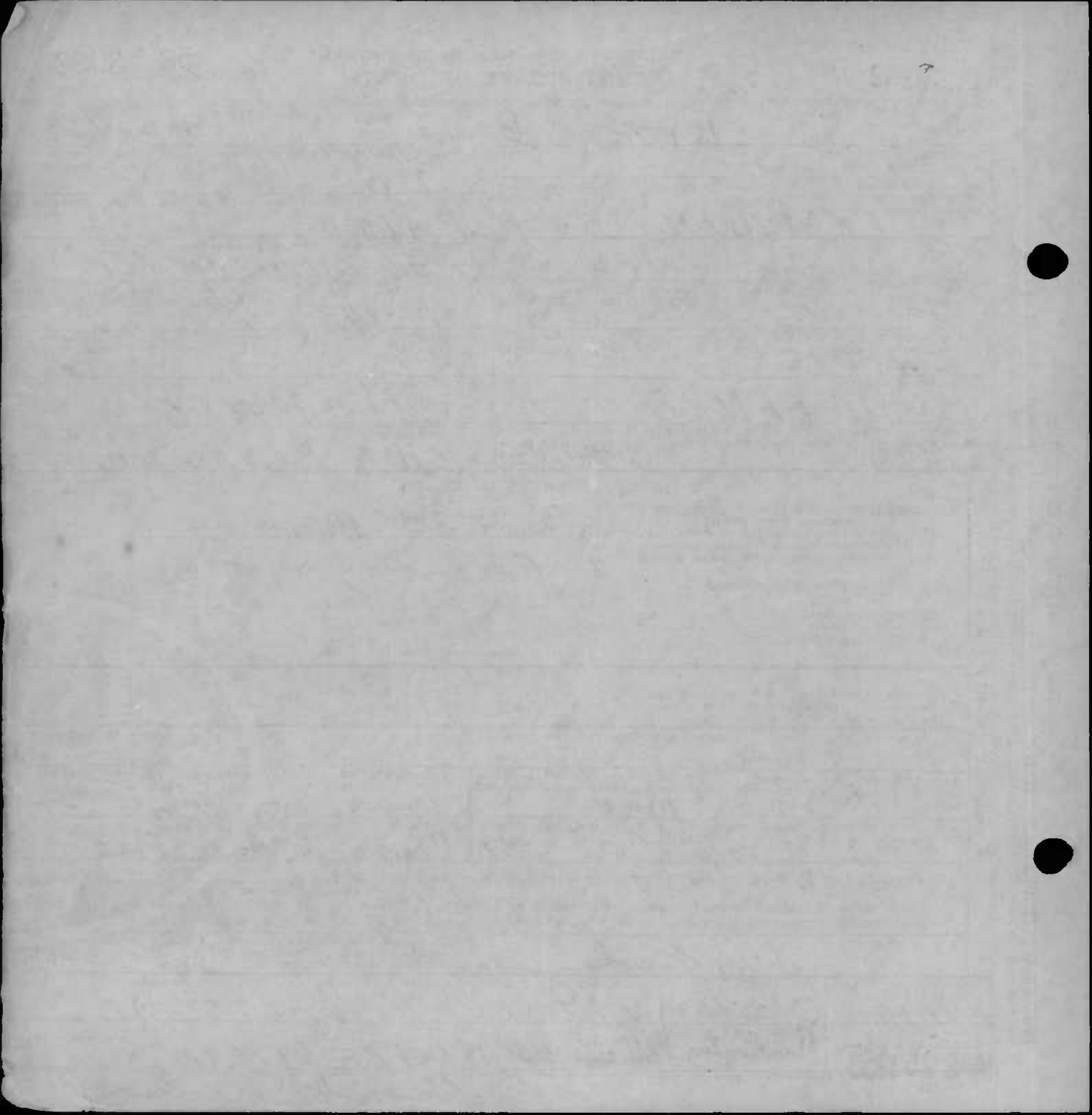
B-520
53 3022 48-21708

1. NAME OF DECEASED (Type or Print) RITA BANKS			2. DATE OF DEATH 3/22/53		
3. PLACE OF DEATH: A. Baltimore City, Maryland			4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE MD B. COUNTY		
5. FULL NAME OF HOSPITAL OR INSTITUTION PROVIDENT HOSP			6. CITY OR TOWN (If outside corporate limits, write RURAL and give township) BALTO 16-01		
7. Length of stay in Baltimore LIFE			8. STREET ADDRESS (If rural, give location) 1223 SMITHSON ST.		
9. SEX F	10. COLOR OR RACE C	11. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) S	12. DATE OF BIRTH 10/13/48		13. AGE (in years last birthday) 4
14. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) CHILD			15. BIRTHPLACE (State or foreign country) MD		16. CITIZEN OF WHAT COUNTRY? USA
17. FATHER'S NAME JOHN BANKS			18. MOTHER'S MAIDEN NAME EMMA BARNEK		
19. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) NO			20. SOCIAL SECURITY NO. NONE		21. INFORMANT JOHN BANKS ADDRESS 1223 SMITHSON ST

18. E916.0 DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) 2nd + 3rd° BURNS OF FACE + CHEST		INTERVAL BETWEEN ONSET AND DEATH
DUE TO (A) FACE + CHEST		
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. (B) (C)		
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		

19A. DATE OF OPERATION		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21A. EXTERNAL CAUSE WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH.		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.) home		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location) 1223 SMITHSON 1611 ST	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY 3 21 53 10P m.		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		21F. HOW DID INJURY OCCUR? BURNED IN HOUSE FIRE	
22. I certify that I took charge of the remains described above, held an Insp thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes <input type="checkbox"/> , accident <input checked="" type="checkbox"/> , suicide <input type="checkbox"/> , homicide <input type="checkbox"/> , undetermined <input type="checkbox"/> .					
23A. SIGNATURE R. Fisher M.D.		23B. CHIEF MEDICAL EXAMINER <input checked="" type="checkbox"/> ASSISTANT MEDICAL EXAMINER <input type="checkbox"/> MEDICAL INVESTIGATOR <input type="checkbox"/>		23C. DATE SIGNED 3-22-53	

24A. BURIAL, CREMATION, REMOVAL (Specify) BURIAL		24B. DATE 3/25/53		24C. NAME OF CEMETERY OR CREMATORY MTAUBORN		24D. LOCATION (City, town, or county) (State) BALTO. MD.	
DATE RECEIVED BY LOCAL REGISTRAR MAR 25 1953		REGISTRAR'S SIGNATURE Huntington Williams, M.D.		25. FUNERAL DIRECTOR Geo. H. Nelson		ADDRESS 1303 PRESSTMAN ST.	



PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

M-253
53 3023

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

53 3023
Registered No.

BIRTH NO.			2. DATE OF DEATH 3/23/53		
1. NAME OF DECEASED (Type or Print) IRA F. MACKINTOSH			4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Md. B. COUNTY Baltimore		
3. PLACE OF DEATH: A. Baltimore City, Maryland B. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION University Hosp.			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) - 5300		
Length of stay in Baltimore 22 Yrs. Mos. Days			D. STREET ADDRESS (If rural, give location) 3703 Sylvan Dr.		
5. SEX M	6. COLOR OR RACE W	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) married	8. DATE OF BIRTH 6/7/90	9. AGE (in years last birthday) 62	If Under 1 Year Months: Days If Under 24 hours Hours: Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Broker		10B. KIND OF BUSINESS OR INDUSTRY Insurance		11. BIRTHPLACE (State or foreign country) Ohio	12. CITIZEN OF WHAT COUNTRY? USA
13. FATHER'S NAME Daniel A. Mackintosh			14. MOTHER'S MAIDEN NAME Elizabeth Patterson		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) -		16. SOCIAL SECURITY NO.		17. INFORMANT ADDRESS #7 Mrs. Mabel Mackintosh-3703 Sylvan Drive	
18. 420.1 DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthma, etc. It means the disease, injury or complication which caused death.) CAUSE OF DEATH (A) Acute Myocardial Infarction DUE TO ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. (B) DUE TO (C) II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.			INTERVAL BETWEEN ONSET AND DEATH		
19A. DATE OF OPERATION 0		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from 2/23, 1953, to 3/23, 1953, that I last saw the deceased alive on 3/23, 1953, and that death occurred at 6:25 p.m., from the causes and on the date stated above.					
23A. SIGNATURE L. Welgin, Jr. M. D.		23B. ADDRESS University Hosp.		23C. DATE SIGNED 3/23/53	
24A. BURIAL, CREMATION, REMOVAL (Specify) Removal		24B. DATE 3/26/53		24C. NAME OF CEMETERY OR CREMATORY --	
24D. LOCATION (City, town, or county) (State) Moultrie, Ohio		24E. FUNERAL DIRECTOR 24mo. J. Pickens & Sons		24F. ADDRESS Barto. 17, Md.	
DATE RECEIVED BY LOCAL REGISTRAR MAR 25 1953		REGISTRAR'S SIGNATURE Huntington Williams, M.D.		25. FUNERAL DIRECTOR 24mo. J. Pickens & Sons	

DEATH CERTIFICATE

IN WISCONSIN

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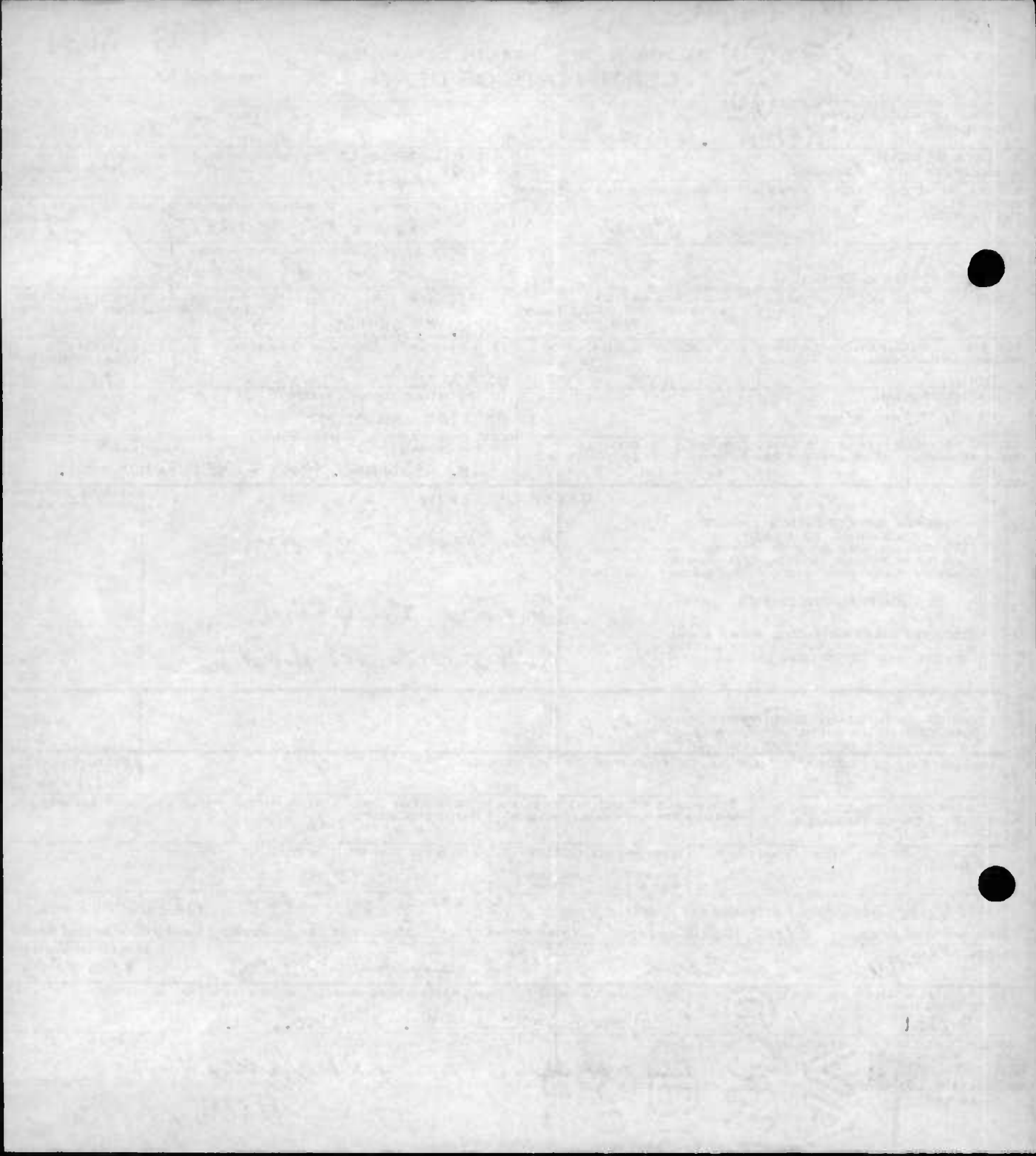
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BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No.

1. NAME OF DECEASED (Type or Print)		2. DATE OF DEATH	
Helen N. Sinsheimer		3/24/53	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE MD B. COUNTY	
B. FULL NAME OF HOSPITAL OR INSTITUTION Sinai Hosp.		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) BALTIMORE 13-01	
C. Length of stay in Baltimore 78 Yrs. Mos. Days		D. STREET ADDRESS (If rural, give location) 932 Brooks Lane	
5. SEX F	6. COLOR OR RACE W	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Single	8. DATE OF BIRTH Nov. 5, 1874
9. AGE (in years last birthday) 78		10. CITIZEN OF WHAT COUNTRY? US	
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) none		10B. KIND OF BUSINESS OR INDUSTRY none	
11. BIRTHPLACE (State or foreign country) Maryland		12. CITIZEN OF WHAT COUNTRY? US	
13. FATHER'S NAME Simon Sinsheimer		14. MOTHER'S MAIDEN NAME Matilda Neuberger	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) no		16. SOCIAL SECURITY NO. none	
17. INFORMANT Mr. Milton J. Haas - 2408 Kenoak Rd.		ADDRESS	
18. 420.0 I DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)		CAUSE OF DEATH	
DUE TO (A) Myocardial Infarction		INTERVAL BETWEEN ONSET AND DEATH	
DUE TO (B) Coronary Thrombosis			
DUE TO (C) Arteriosclerotic Heart Dis.			
19. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. Malaria			
19A. DATE OF OPERATION 7		19B. MAJOR FINDINGS OF OPERATION	
20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>			
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)			
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
21F. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from 3/22, 1953, to 3/24, 1953, that I last saw the deceased alive on 3/24, 1953, and that death occurred at 5:00 pm., from the causes and on the date stated above.			
23A. SIGNATURE Max Miller		23B. ADDRESS Sinai Hosp.	
23C. DATE SIGNED 3/24/53			
24A. BURIAL, CREMATION, REMOVAL (Specify) Burial		24B. DATE 3/26/53	
24C. NAME OF CEMETERY OR CREMATORY Hebrew Friendship Cem.		24D. LOCATION (City, town, or county) (State) Balto., Md.	
25. FUNERAL DIRECTOR		ADDRESS	
Huntington Williams, Jr.		J. M. J. Pickens & Sons	
MAR 25 1953		Balto 17, Md.	



- 630
53 3025BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH53 3025
Registered No. _____

BIRTH NO.			
1. NAME OF DECEASED (Type or Print)		2. DATE OF DEATH	
JOHN FRANK SEWARD		Mar. 22, 1953	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)	
B. FULL NAME OF HOSPITAL OR INSTITUTION Mount Convalescent Home 3706 Nortonia Rd.		A. STATE Md. B. COUNTY	
C. Length of stay in Baltimore		C. CITY OR TOWN (If outside corporate limits, write RURAL, and give township) Baltimore	
5. SEX male		D. STREET ADDRESS (If rural, give location) 404 Whitridge Ave.	
6. COLOR OR RACE white		E. DATE OF BIRTH Apr. 27, 1881	
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) widowed		9. AGE (In years last birthday) 71	
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) steam engineer		11. BIRTHPLACE (State or foreign country) Maryland	
10B. KIND OF BUSINESS OR INDUSTRY lithographers		12. CITIZEN OF WHAT COUNTRY?	
13. FATHER'S NAME Samuel Seward		14. MOTHER'S MAIDEN NAME Marry Allinore Goldsboro	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) none		16. SOCIAL SECURITY NO. 215-09-9403	
17. INFORMANT		ADDRESS Mr. John W. Seward-8168 Gough St. #24	

18. 142.1

CAUSE OF DEATH

INTERVAL BETWEEN ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) *Carcinoma of the parotid*
DUE TO

1 yr.

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B) _____
DUE TO
(C) _____

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION 7-24-52		19B. MAJOR FINDINGS OF OPERATION malignant tumor of rt. parotid		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from July, 1952, to March, 1953, that I last saw the deceased alive on 3-20, 1953, and that death occurred at 4:30 A. M., from the causes and on the date stated above.					
23A. SIGNATURE J. M. Moore		23B. ADDRESS 3105 Belair Rd.		23C. DATE SIGNED 3-23-53	
24A. BURIAL, CREMATION, REMOVAL (Specify) Burial		24B. DATE 3/26/53		24C. NAME OF CEMETERY OR CREMATORY Western Cem.	
24D. LOCATION (City, town, or county) Balto., Md.		24E. NAME OF CEMETERY OR CREMATORY Western Cem.		24F. LOCATION (City, town, or county) Balto., Md.	
DATE RECEIVED BY LOCAL REGISTRAR MAR 25 1953		REGISTRAR'S SIGNATURE Huntington Williams		25. FUNERAL DIRECTOR Wm. J. Pickner & Sons	

DEPARTMENT OF HEALTH



<p>NAME OF DECEASED</p>		<p>AGE</p>		<p>SEX</p>		<p>RACE</p>		<p>DATE OF DEATH</p>		<p>PLACE OF DEATH</p>	
<p>CAUSE OF DEATH</p>		<p>DIAGNOSIS</p>		<p>TESTS</p>		<p>TREATMENT</p>		<p>POST-MORTEM</p>		<p>REMARKS</p>	
<p>DATE OF EXAMINATION</p>		<p>TIME OF EXAMINATION</p>		<p>PLACE OF EXAMINATION</p>		<p>NAME OF EXAMINER</p>		<p>DATE OF REPORT</p>		<p>TIME OF REPORT</p>	
<p>SIGNATURE OF EXAMINER</p>		<p>DATE OF SIGNATURE</p>		<p>PLACE OF SIGNATURE</p>		<p>NAME OF SIGNER</p>		<p>DATE OF REPORT</p>		<p>TIME OF REPORT</p>	

**BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH**

53 3026
Registered No. _____

200
53 3026
BIRTH NO. 23201570

1. NAME OF DECEASED (Type or Print) Baby Linda Rausch		2. DATE OF DEATH 3/22/53	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Maryland B. COUNTY	
B. FULL NAME OF HOSPITAL OR INSTITUTION Bon Secours Hospital		C. CITY OR TOWN (If outside corporate limits with RURAL and give township) 2005	
c. Length of stay in Baltimore Yrs. Mos. Days		D. STREET ADDRESS (If rural, give location) 2227 Christian St.	
5. SEX F	6. COLOR OR RACE white	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH 1/23/53
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		9. AGE (In years last birthday) Months Days 2 months old	
10B. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME Albert Rausch		14. MOTHER'S MAIDEN NAME Catherine Yingling	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)	16. SOCIAL SECURITY NO.	17. INFORMANT ADDRESS Parents Same	

18. 754.4 I DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) Cerebral Auxia (A) DUE TO ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. Caridac Failure (B) DUE TO Congenital Cardiac Coronary (C)	INTERVAL BETWEEN ONSET AND DEATH
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19A. DATE OF OPERATION 0	19B. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>
21A. ACCIDENT WAS UNDER- LYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH	21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY	21E. INJURY OCCURRED WHILE AT <input type="checkbox"/> WORK NOT WHILE <input type="checkbox"/> AT WORK	21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at _____ m., from the causes and on the date stated above.

23A. SIGNATURE James R. Shabaz	23B. ADDRESS Bon Secours Hospital	23C. DATE SIGNED 3/23/53
24A. BURIAL, CREMATION, REMOVAL (Specify) Burial	24B. DATE Mar. 25 1953	24C. NAME OF CEMETERY OR CREMATORY Annie Ridge
24D. LOCATION (City, town, or county) Baltimore	24E. FUNERAL DIRECTOR Huntington Williams, 1913 N. Balto. St.	

-460
53 3027BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 53 3027

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Kate Miller

2. DATE
OF
DEATH

Mar. 25, 1953

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR
INSTITUTION

JOHNS HOPKINS HOSPITAL

C. Length of stay in Baltimore

48 yrs.

Yrs.
Mos.
Days

5. SEX

6. COLOR OR RACE

7. SINGLE MARRIED,
WIDOWED, DIVORCED (Specify)

Female

White

Widow

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Housewife

10B. KIND OF BUSINESS OR INDUSTRY

own home

13. FATHER'S NAME

Raymond Kerner

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

8. DATE OF BIRTH

Feb - 1887

9. AGE (In years last birthday)

66

11 Under 1 Year
Months: Days11 Under 24 Hours
Hours: Min.

11. BIRTHPLACE (State or foreign country)

Austria

12. CITIZEN OF
WHAT COUNTRY?

USA

14. MOTHER'S MAIDEN NAME

Bessie

17. INFORMANT

JOHNS HOPKINS HOSPITAL

ADDRESS

18. 420.1

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A)

MYOCARDIAL INFARCTION

6-7 hrs

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B)

ARTERIO SCLEROTIC CORONARY THROMBOSIS

DUE TO

(C)

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour)
INJURY

21E. INJURY OCCURRED

WHILE AT
WORK ☐NOT WHILE
AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 3-25, 1953, to 3-25, 1953, that I last saw the deceased alive on 3-25, 1953, and that death occurred at 5:20 p. m., from the causes and on the date stated above.

23A. SIGNATURE

A. H. Owens, Jr.

M. D.

23B. ADDRESS

JOHNS HOPKINS HOSPITAL

23C. DATE SIGNED

Mar 25/53

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

24B. DATE

Mar 25/53

24C. NAME OF CEMETERY OR CREMATORY

Bnai Israel

24D. LOCATION (City, town, or county)

Baltimore Md

(State)

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

Huntington Williams, M.D.

25. FUNERAL DIRECTOR

ADDRESS

Broz - 1124-26

W. North

REPORT OF DEATH
STATE OF TEXAS

NAME OF DECEASED
WILLIAM W. WILSON
AGE
DECEASED
DATE OF DEATH
PLACE OF DEATH

CAUSE OF DEATH
MURDER
MANNER OF DEATH
HOMICIDE

DECEASED'S RESIDENCE
CITY OF HOUSTON
COUNTY OF HARRIS
STATE OF TEXAS

DECEASED'S OCCUPATION
LABORER
EMPLOYER'S NAME
HOUSTON STEEL WORKS

DECEASED'S BIRTH DATE
JANUARY 1, 1900
DECEASED'S BIRTH PLACE
HOUSTON, TEXAS

DECEASED'S MARRIAGE DATE
MAY 1, 1920
DECEASED'S MARRIAGE PLACE
HOUSTON, TEXAS

DECEASED'S PREVIOUS MARRIAGES
NONE
DECEASED'S PREVIOUS MARRIAGE DATES
NONE

524
53 3028
BIRTH NO.BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH53 3028
Registered No.

1. NAME OF DECEASED (Type or Print) <i>Eleanor Ringgold</i>		2. DATE OF DEATH <i>March 24, 1953</i>	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived, if institution: residence before admission) A. STATE <i>md.</i> B. COUNTY <i>haroline</i>	
B. FULL NAME OF HOSPITAL OR INSTITUTION <i>JOHNS HOPKINS HOSPITAL</i>		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <i>Denton</i>	
C. Length of stay in Baltimore		D. STREET ADDRESS (If rural, give location) <i>5500</i>	
5. SEX <i>Female</i>	6. COLOR OR RACE <i>Colored</i>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <i>married</i>	8. DATE OF BIRTH <i>5-18-10</i>
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>housewife</i>		10B. KIND OF BUSINESS OR INDUSTRY <i>home</i>	9. AGE (In years last birthday) <i>42</i>
13. FATHER'S NAME <i>Edward Simpson</i>		12. CITIZEN OF WHAT COUNTRY? <i>USA</i>	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) <i>no</i>		16. SOCIAL SECURITY NO. <i>no</i>	
17. INFORMANT <i>JOHNS HOPKINS HOSPITAL</i>		ADDRESS	

18. <i>252.0</i> DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthma, etc. It means the disease, injury or complication which caused death.) CAUSE OF DEATH (A) <i>THYROTOXIC HEART DISEASE</i> DUE TO ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. (B) <i>SEVERE THYROTOXICOSIS</i> DUE TO (C)	INTERVAL BETWEEN ONSET AND DEATH <i>2 MOS +</i>
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.	

19A. DATE OF OPERATION <i>3-20</i>	19B. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH <input type="checkbox"/>	21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME (Month) (Day) (Year) (Hour) INJURY	21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from *3-20*, 1953, to *3-24*, 1953, that I last saw the deceased alive on *3-24*, 1953, and that death occurred at *7:30 p.m.*, from the causes and on the date stated above.

23A. SIGNATURE <i>A. H. Owens, Jr.</i>	23B. ADDRESS <i>JOHNS HOPKINS HOSPITAL</i>	23C. DATE SIGNED
---	---	------------------

24A. BURIAL, CREMATION, REMOVAL (Specify) <i>Burial</i>	24B. DATE <i>Mar 29, 1953</i>	24C. NAME OF CEMETERY OR CREMATORY <i>Greenspring</i>	24D. LOCATION (City, town, or county) (State) <i>Denton, Maryland</i>
DATE RECEIVED BY LOCAL REGISTRAR <i>MAR 25 1953</i>	REGISTRAR'S SIGNATURE <i>Huntington Williams, M.D.</i>	25. FUNERAL DIRECTOR <i>Virgil Monahan, Denton, Md.</i>	ADDRESS

CERTIFICATE OF DEATH

DEPARTMENT OF HEALTH

1912

30-2

<p>1. Name of deceased</p>		<p>2. Sex</p>	
<p>3. Age</p>		<p>4. Date of birth</p>	
<p>5. Place of birth</p>		<p>6. Date of death</p>	
<p>7. Cause of death</p>		<p>8. Place of death</p>	
<p>9. Signature of physician</p>		<p>10. Signature of registrar</p>	
<p>11. Date of registration</p>		<p>12. Signature of registrar</p>	
<p>13. Date of registration</p>		<p>14. Signature of registrar</p>	
<p>15. Date of registration</p>		<p>16. Signature of registrar</p>	
<p>17. Date of registration</p>		<p>18. Signature of registrar</p>	
<p>19. Date of registration</p>		<p>20. Signature of registrar</p>	
<p>21. Date of registration</p>		<p>22. Signature of registrar</p>	
<p>23. Date of registration</p>		<p>24. Signature of registrar</p>	
<p>25. Date of registration</p>		<p>26. Signature of registrar</p>	
<p>27. Date of registration</p>		<p>28. Signature of registrar</p>	
<p>29. Date of registration</p>		<p>30. Signature of registrar</p>	
<p>31. Date of registration</p>		<p>32. Signature of registrar</p>	
<p>33. Date of registration</p>		<p>34. Signature of registrar</p>	
<p>35. Date of registration</p>		<p>36. Signature of registrar</p>	
<p>37. Date of registration</p>		<p>38. Signature of registrar</p>	
<p>39. Date of registration</p>		<p>40. Signature of registrar</p>	
<p>41. Date of registration</p>		<p>42. Signature of registrar</p>	
<p>43. Date of registration</p>		<p>44. Signature of registrar</p>	
<p>45. Date of registration</p>		<p>46. Signature of registrar</p>	
<p>47. Date of registration</p>		<p>48. Signature of registrar</p>	
<p>49. Date of registration</p>		<p>50. Signature of registrar</p>	
<p>51. Date of registration</p>		<p>52. Signature of registrar</p>	
<p>53. Date of registration</p>		<p>54. Signature of registrar</p>	
<p>55. Date of registration</p>		<p>56. Signature of registrar</p>	
<p>57. Date of registration</p>		<p>58. Signature of registrar</p>	
<p>59. Date of registration</p>		<p>60. Signature of registrar</p>	
<p>61. Date of registration</p>		<p>62. Signature of registrar</p>	
<p>63. Date of registration</p>		<p>64. Signature of registrar</p>	
<p>65. Date of registration</p>		<p>66. Signature of registrar</p>	
<p>67. Date of registration</p>		<p>68. Signature of registrar</p>	
<p>69. Date of registration</p>		<p>70. Signature of registrar</p>	
<p>71. Date of registration</p>		<p>72. Signature of registrar</p>	
<p>73. Date of registration</p>		<p>74. Signature of registrar</p>	
<p>75. Date of registration</p>		<p>76. Signature of registrar</p>	
<p>77. Date of registration</p>		<p>78. Signature of registrar</p>	
<p>79. Date of registration</p>		<p>80. Signature of registrar</p>	
<p>81. Date of registration</p>		<p>82. Signature of registrar</p>	
<p>83. Date of registration</p>		<p>84. Signature of registrar</p>	
<p>85. Date of registration</p>		<p>86. Signature of registrar</p>	
<p>87. Date of registration</p>		<p>88. Signature of registrar</p>	
<p>89. Date of registration</p>		<p>90. Signature of registrar</p>	
<p>91. Date of registration</p>		<p>92. Signature of registrar</p>	
<p>93. Date of registration</p>		<p>94. Signature of registrar</p>	
<p>95. Date of registration</p>		<p>96. Signature of registrar</p>	
<p>97. Date of registration</p>		<p>98. Signature of registrar</p>	
<p>99. Date of registration</p>		<p>100. Signature of registrar</p>	

152
53 3029BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 53 3029

1. NAME OF DECEASED (Type or Print) Wilbur James Kavanaugh		2. DATE OF DEATH March 24, 1953	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Maryland B. COUNTY	
B. FULL NAME OF HOSPITAL OR INSTITUTION Union Memorial Hospital		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore 11	
C. Length of stay in Baltimore 44 years.		D. STREET ADDRESS (If rural, give location) 2721 Miles Ave.	
5. SEX M	6. COLOR OR RACE W.	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH Dec 15, 1908
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) None.		10B. KIND OF BUSINESS OR INDUSTRY -	9. AGE (In years last birthday) 44
13. FATHER'S NAME Mr. John T. Kavanaugh		11. BIRTHPLACE (State or foreign country) Baltimore, Md	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) Yes		12. CITIZEN OF WHAT COUNTRY? USA.	
16. SOCIAL SECURITY NO. 213-09-5639		14. MOTHER'S MAIDEN NAME Rose Cooper.	
18. 201X DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) Hodgkin's Disease		17. INFORMANT Helen M. Kavanaugh	
19. CAUSE OF DEATH (A) Hodgkin's Disease DUE TO (B) DUE TO (C)		ADDRESS 2721 Miles Ave.	
INTERVAL BETWEEN ONSET AND DEATH 7 Yrs.			
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.			
19A. DATE OF OPERATION March 23, 1953.		19B. MAJOR FINDINGS OF OPERATION Cordotomy performed for Pain.	
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)		21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)			
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
21F. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from March 22, 1953 , to March 24, 1953 that I last saw the deceased alive on March 24, 1953 , and that death occurred at 4:40 P.M. , from the causes and on the date stated above.			
23A. SIGNATURE Alfred H. Ossman, Jr.		23B. ADDRESS 2800 E. Chase St. Balto 13.	
23C. DATE SIGNED 3-24-53.			
24A. BURIAL, CREMATION, REMOVAL (Specify) Burial		24B. DATE 3/27/53	
24C. NAME OF CEMETERY OR CREMATORY Balto National		24D. LOCATION (City, town, or county) (State) Frederick Ave.	
DATE RECEIVED BY LOCAL REGISTRAR MAR 25 1953		REGISTRAR'S SIGNATURE Huntington Williams, Jr.	
25. FUNERAL DIRECTOR Paul E. Schenck		ADDRESS 3615-17 E. Chestnut Ave.	

STATE OF NEW YORK
CERTIFICATE OF DEATH

NAME: ROBERT J. BROWN

AGE: 45

SEX: M

RACE: W

DATE OF BIRTH: 1928

DATE OF DEATH: 1973

PLACE OF BIRTH: NEW YORK

PLACE OF DEATH: NEW YORK

Cause of Death: Heart Disease

Signature: [Illegible]

Signature: [Illegible]

Signature: [Illegible]

Signature: [Illegible]

Signature: [Illegible]

Signature: [Illegible]

Signature: [Illegible]

Signature: [Illegible]

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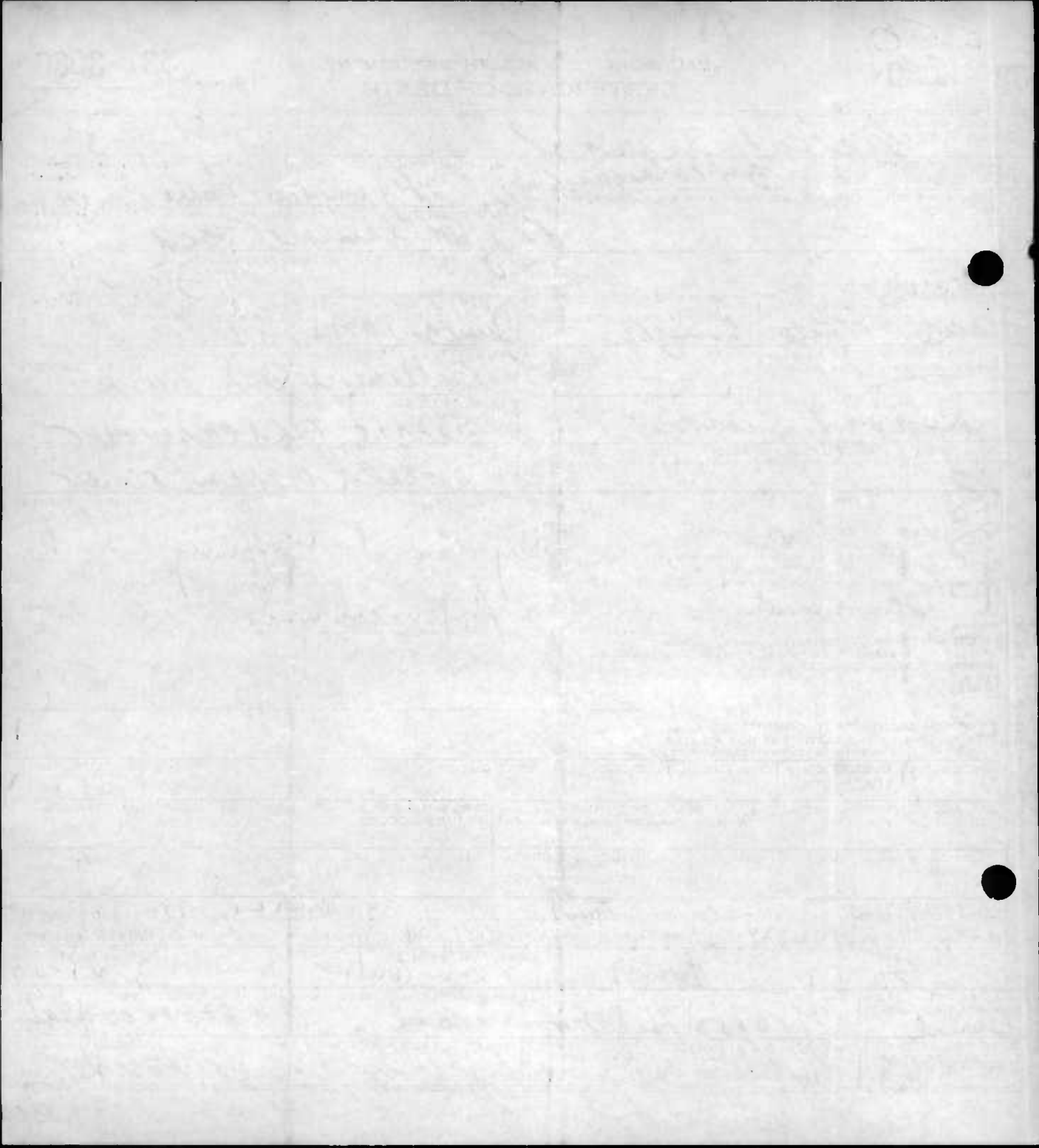
550
53 3030

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

53 3030
Registered No.

1. NAME OF DECEASED (Type or Print) <i>Bella Simon</i>		2. DATE OF DEATH <i>3/25/53</i>	
3. PLACE OF DEATH: A. Baltimore City, Maryland <i>3410 Guyman Falls</i>		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE <i>MD</i> B. COUNTY <i>Harford</i>	
B. FULL NAME OF HOSPITAL OR INSTITUTION		CITY OR TOWN (If outside corporate limits, write RURAL and give township) <i>Baltimore Md</i>	
c. Length of stay in Baltimore		D. STREET ADDRESS (If rural, give location) <i>15-38</i>	
5. SEX <i>Female</i>	6. COLOR OR RACE <i>White</i>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <i>Single</i>	8. DATE OF BIRTH <i>June 30 1871</i>
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10B. KIND OF BUSINESS OR INDUSTRY	9. AGE (In years last birthday) <i>81</i> If Under 1 Year: Months: Days If Under 24 Hours: Hours: Min.
11. BIRTHPLACE (State or foreign country) <i>Baltimore Md</i>		12. CITIZEN OF WHAT COUNTRY? <i>USA</i>	
13. FATHER'S NAME <i>David Simon</i>		14. MOTHER'S MAIDEN NAME <i>Sophie Feldenheimer</i>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.	
17. INFORMANT <i>Della Oppenheimer</i>		ADDRESS	
18. <i>422.1</i> CAUSE OF DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthma, etc. It means the disease, injury or complication which caused death.) <i>Myocardial insufficiency</i> DUE TO <i>Anterior closure</i> INTERVAL BETWEEN ONSET AND DEATH <i>2 wks.</i> ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.			
19A. DATE OF OPERATION <i>None</i>		19B. MAJOR FINDINGS OF OPERATION	
20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>			
21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)		21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)			
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
21F. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from <i>1933</i> to <i>March 25, 1943</i> , that I last saw the deceased alive on <i>March 24, 1953</i> and that death occurred at <i>1:10 p.m.</i> , from the causes and on the date stated above.			
23A. SIGNATURE <i>Sidney L. Levy</i>		23B. ADDRESS <i>2322 Canton Place</i>	
M. D.		23C. DATE SIGNED <i>3-25-53</i>	
24A. BURIAL, CREMATION, REMOVAL (Specify) <i>Burial</i>		24B. DATE <i>3/26/53</i>	
24C. NAME OF CEMETERY OR CREMATORY <i>Hebrew Friendship</i>		24D. LOCATION (City, town, or county) (State) <i>Baltimore Md</i>	
DATE RECEIVED BY LOCAL REGISTRAR <i>MAR 25 1953</i>		REGISTRAR'S SIGNATURE <i>Huntington Williams, M.D.</i>	
25. FUNERAL DIRECTOR <i>J. A. Weiss Co</i>		ADDRESS <i>4322 Reisterstown Rd</i>	

MEDICAL CERTIFICATION



BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 53 3031

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF (If not in hospital or institution, give street address or location)

HOSPITAL OR

INSTITUTION

C. Month of stay in Baltimore

5. SEX

F.

6. COLOR OR RACE

W/h.

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)

S

8. DATE OF BIRTH

June 2, 1905

9. AGE (In years last birthday)

49

10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

seamstress clothing factory

10B. KIND OF BUSINESS OR INDUSTRY

Md

11. BIRTHPLACE (State or foreign country)

U.S.

12. CITIZEN OF WHAT COUNTRY?

U.S.

13. FATHER'S NAME

J. W. H. Birely

14. MOTHER'S MAIDEN NAME

Lillie (not known)

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown)

no

16. SOCIAL SECURITY NO.

213-01-6024

17. INFORMANT

J. W. H. Birely, Chas. Birely

18. 175X

19. DATE OF OPERATION

3/18/53

20. AUTOPSY?

YES ☐ NO ☒

21. I hereby certify that I attended the deceased from 3/11, 1953, to 3/25, 1953, that I last saw the deceased alive on 3/25, 1953, and that death occurred at 10 A.m., from the causes and on the date stated above.

22. SIGNATURE

J. E. Bryant

23. ADDRESS

Maryland Gen Hosp

24. DATE SIGNED

3/25/53

25. BURIAL, CREMATION, REMOVAL (Specify)

Burial

26. DATE

3/28/53

27. NAME OF CEMETERY OR CREMATORY

Mt. View

28. LOCATION (City, town, or county)

Chase Bridge, Md.

29. DATE RECEIVED BY LOCAL REGISTRAR

MAR 25 1953

30. REGISTRAR'S SIGNATURE

Huntington

31. FUNERAL DIRECTOR

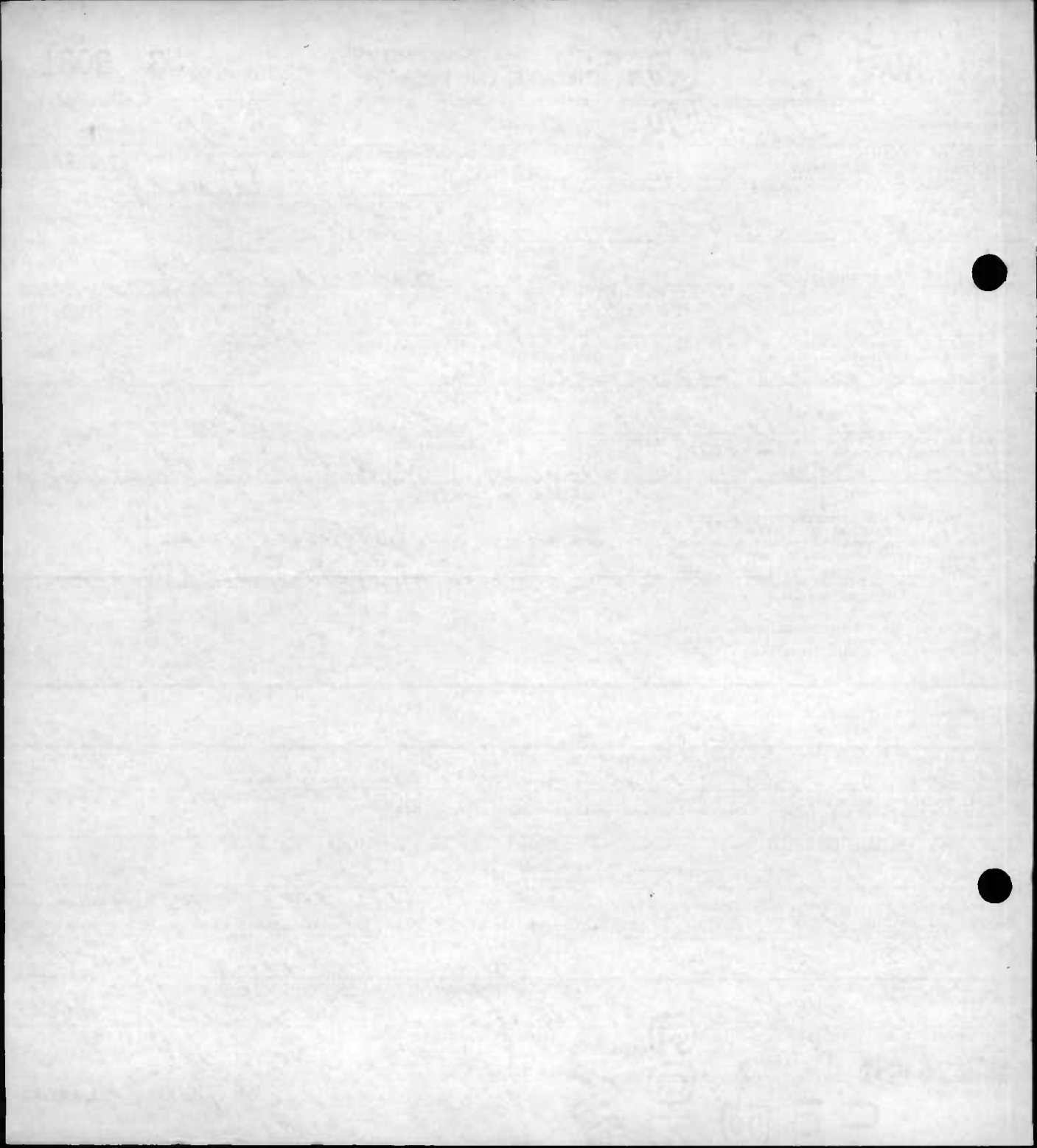
D. D. Harkley & Sons

32. ADDRESS

Chase Bridge & New Church

33. VS 150

69046 Chase Bridge & New Church Md.



500
53 3032
BIRTH NO.

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

53 3032
Registered No.

1. NAME OF DECEASED (Type or Print) FRANK C. Hanna				2. DATE OF DEATH 3-23-53			
3. PLACE OF DEATH: A. Baltimore City, Maryland				4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Maryland B. COUNTY			
B. FULL NAME OF HOSPITAL OR INSTITUTION Union Memorial Hospital				C. CITY OR TOWN (If outside corporate limits, give RURAL and give township) BALTIMORE			
C. Length of stay in Baltimore ? Yrs. Mos. Days				D. STREET ADDRESS (If rural, give location) 114 Ridgewood Road			
5. SEX M	6. COLOR OR RACE Wh	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) separated		8. DATE OF BIRTH 3-20-1902	9. AGE (In years last birthday) 50	10. Under 1 Year Months: Days	11. Under 24 Hours Hours: Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Salesman				10B. KIND OF BUSINESS OR INDUSTRY ?		11. BIRTHPLACE (State or foreign country) Maryland	
12. CITIZEN OF WHAT COUNTRY?				13. FATHER'S NAME FRANK Hanna			
14. MOTHER'S MAIDEN NAME Alice Waddell				15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) ? (If yes, give war or dates of service) ?			
16. SOCIAL SECURITY NO. ?				17. INFIRMANT patient.			

18. 420.0 DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) I	CAUSE OF DEATH (A) Myocardial Infarction DUE TO (B) Coronary occlusion DUE TO (C) Arteriosclerotic heart disease	INTERVAL BETWEEN ONSET AND DEATH
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		

19A. DATE OF OPERATION ✓		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)	21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)			
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY	21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21F. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from 3-10- , 19 53 , to 3-23- , 19 53 , that I last saw the deceased alive on 3-23- , 19 53 , and that death occurred at 5:30 p.m. , from the causes and on the date stated above.					
23A. SIGNATURE Hunterly S. Green, Jr.		23B. ADDRESS Union Memorial Hosp		23C. DATE SIGNED 3-24-53	
24A. BURIAL, CREMATION, REMOVAL (Specify) Burial	24B. DATE 3-26-53	24C. NAME OF CEMETERY OR CREMATORY Lebanon Church	24D. LOCATION (City, town, or county) (State) Cambridge Md		
DATE RECEIVED BY LOCAL REGISTRAR MAR 26 1953	REGISTRAR'S SIGNATURE Huntington Williams, M.D.	25. FUNERAL DIRECTOR Edward J. Edwards		ADDRESS 2503 Edmondson Ave	

MEDICAL CERTIFICATION

CERTIFICATE OF DEATH

STATE OF NEW YORK
COUNTY OF ALBANY
I, the undersigned, Clerk of the County of Albany, do hereby certify that the within and foregoing is a true and correct copy of the original of the same as the same appears from the records of the County of Albany.

WITNESSED my hand and the seal of the County of Albany at Albany, New York, this 1st day of January, 1901.

CLERK OF THE COUNTY OF ALBANY

1901

630
53 3033BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 53 3033

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Hilde Hart

2. DATE
OF
DEATH

3/23/53

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR
INSTITUTION

University Hospital

C. Length of stay in Baltimore

4

Yrs.
Mos.
Days

5. SEX

Female

6. COLOR OR RACE

White

7. SINGLE ☒ MARRIED

WIDOWED, DIVORCED (Specify)

8. DATE OF BIRTH

Sept 29, 1921

9. AGE (In years
last birthday)

32

If Under 1 Year
Months: DaysIf Under 24 Hours
Hours: Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

Housewife

10B. KIND OF BUSINESS OR
INDUSTRY

Home

11. BIRTHPLACE (State or foreign country)

Maryland

12. CITIZEN OF
WHAT COUNTRY?

U.S.

13. FATHER'S NAME

Cody Mills

14. MOTHER'S MAIDEN NAME

Unknown

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)16. SOCIAL
SECURITY NO.

17. INFORMANT

ADDRESS

Re Complex Four Stone Cemetery, Md

18. 343X

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A)

Ascending Myelitis

12 days

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B)

DUE TO

(C)

II
OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID (If in Baltimore City, give exact location)
INJURY OCCUR?21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

m.

WHILE AT
WORK ☐NOT WHILE
AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 3/20/53, 19__, to 3/23/53, 19__, that I last saw the
deceased alive on 3/23/53, 19__, and that death occurred at 10³⁰ p.m., from the causes and on the date stated above.

23A. SIGNATURE

George H. Smith

M. D.

23B. ADDRESS

University Hospital

23C. DATE SIGNED

3/24/53

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

Burial

24B. DATE

3-26-53

24C. NAME OF CEMETERY OR CREMATORY

Worcester Memorial Cemetery, Md

24D. LOCATION (City, town, or county)

(State)

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

Huntington Williams, M.D.

25. FUNERAL DIRECTOR

ADDRESS

Howard H. Jones, 2508 Edmonson

MAR 26 1953

CERTIFICATE OF DEATH

SAN FRANCISCO, CALIFORNIA

DATE OF DEATH

PLACE OF DEATH

CAUSE OF DEATH

AGE

SEX

RACE

EDUCATION

OCCUPATION

RELIGION

DATE OF BIRTH

PLACE OF BIRTH

DATE OF ENTRY

PLACE OF ENTRY

DATE OF DEPARTURE

PLACE OF DEPARTURE

DATE OF RETURN

PLACE OF RETURN

652
53 3034
CERTIFICATE CORRECTED 4-8-53BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 53 3034

BIRTH NO.

1. NAME OF DECEASED (Type or Print) E. Walton Brewington, Jr.			2. DATE OF DEATH March 24, 1953		
3. PLACE OF DEATH: A. Baltimore City, Maryland			4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Md. B. COUNTY none		
B. FULL NAME OF (If not in hospital or institution, give street address or location) University Hospital			C. CITY OR TOWN (If outside corporate limits, write full name and give township) Baltimore		
C. Length of stay in Baltimore 45 X Yrs. Mos. Days			D. STREET ADDRESS (If rural, give location) 319 Broadmoor Road		
5. SEX Male	6. COLOR OR RACE White	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH 6/12/07	9. AGE (In years last birthday) 45	10. Under 1 Year Months: Days 11 Under 24 Hours Hours: Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Salesman			10B. KIND OF BUSINESS OR INDUSTRY insurance, general		
11. BIRTHPLACE (State or foreign country) Md.			12. CITIZEN OF WHAT COUNTRY? U.S.		
13. FATHER'S NAME E. Walton Brewington, Sr.			14. MOTHER'S MAIDEN NAME Lourinda Teale Berry		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)			16. SOCIAL SECURITY NO.		
17. INFORMANT Mrs. Helen F. Brewington			ADDRESS 319 Broadmoor Rd.		

18. **420.1**

CAUSE OF DEATH

INTERVAL BETWEEN ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e.g., heart failure, asthma, etc. It means the disease, injury or complication which caused death.)(A) **Obstruction of coronary at bifurcation**
DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B) **Myocardial Scarring**
DUE TO(C) **Old myocardial infarction (2)**II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☒ NO ☐

21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH

21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED

m.

WHILE AT WORK ☐NOT WHILE AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from **3-26**, 1953, to **3/24**, 1953, that I last saw the deceased alive on **3/24**, 1953, and that death occurred at **2:30 A.m.**, from the causes and on the date stated above.

23A. SIGNATURE

23B. ADDRESS

23C. DATE SIGNED

24A. BURIAL, CREMATION, REMOVAL (Specify)
Burial

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county) (State)

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

MAR 26 1953

Huntington Williams, M.D.

John O. Mitchell & Sons, Inc. - 1900 Eutaw Pl.

VS 150

45073

530
53 3035
BIRTH NO.BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 53 3035

1. NAME OF DECEASED (Type or Print) Mary Levering Bond			2. DATE OF DEATH March 24, 1953		
3. PLACE OF DEATH: A. Baltimore City, Maryland			4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Maryland B. COUNTY none		
5. FULL NAME OF HOSPITAL OR INSTITUTION 312 Woodlawn Road			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore		
length of stay in Baltimore life Yrs. Mos. Days			D. STREET ADDRESS (If rural, give location) 312 Woodlawn Road		
5. SEX female	6. COLOR OR RACE white	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) widowed	8. DATE OF BIRTH Aug. 29, 1882	9. AGE (In years last birthday) 70	If Under 1 Year Months: Days If Under 24 Hours Hours: Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) none		10B. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) Baltimore, Md.		12. CITIZEN OF WHAT COUNTRY? U. S.
13. FATHER'S NAME Edwin Walker Levering			14. MOTHER'S MAIDEN NAME Mary Gould Levering		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)		16. SOCIAL SECURITY NO.	17. INFORMANT Miss Margery Bond		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)		16. SOCIAL SECURITY NO.	ADDRESS 312 Woodlawn Road ✓		

18. 414X I DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.	CAUSE OF DEATH (A) Congestive heart failure DUE TO (B) Post-rheumatic valvular heart disease DUE TO (C) Atherosclerosis, generalized	INTERVAL BETWEEN ONSET AND DEATH 3+ months years
II OTHER SIGNIFICANT CONDITIONS CON- TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		

19A. DATE OF OPERATION	19B. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
21A. ACCIDENT WAS UNDER- LYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH	21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY	21E. INJURY OCCURRED WHILE AT <input type="checkbox"/> NOT WHILE <input type="checkbox"/> WORK AT WORK	21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from **January**, 1953, to **24 Nov**, 1953, that I last saw the deceased alive on **23 Nov**, 1953, and that death occurred at **6 A.** m., from the causes and on the date stated above.

23A. SIGNATURE Carroll P. Humberg	23B. ADDRESS M. D. 1207 Eutaw Place	23C. DATE SIGNED 3 - 25 - 53
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24A. BURIAL, CREMA- TION, REMOVAL (Specify) Burial	24B. DATE 3 - 26 - 53	24C. NAME OF CEMETERY OR CREMATORY Greenmount	24D. LOCATION (City, town, or county) (State) Baltimore, Md.
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DATE RECEIVED BY LOCAL REGISTRAR MAR 26 1953	REGISTRAR'S SIGNATURE Hurlington Hollis	25. FUNERAL DIRECTOR John O. Mitchell & Sons, Inc.	ADDRESS 1900 Eutaw Place
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CERTIFICATE OF DEATH

BEFORE THE HEALTH DEPARTMENT

STATE OF NEW YORK

1. Name of deceased		2. Sex		3. Age		4. Date of death	
5. Place of death		6. Cause of death		7. Manner of death		8. Signature of physician	
9. Signature of registrar		10. Signature of health officer		11. Signature of coroner		12. Signature of jury	
13. Signature of witness		14. Signature of witness		15. Signature of witness		16. Signature of witness	
17. Signature of witness		18. Signature of witness		19. Signature of witness		20. Signature of witness	
21. Signature of witness		22. Signature of witness		23. Signature of witness		24. Signature of witness	
25. Signature of witness		26. Signature of witness		27. Signature of witness		28. Signature of witness	
29. Signature of witness		30. Signature of witness		31. Signature of witness		32. Signature of witness	
33. Signature of witness		34. Signature of witness		35. Signature of witness		36. Signature of witness	
37. Signature of witness		38. Signature of witness		39. Signature of witness		40. Signature of witness	
41. Signature of witness		42. Signature of witness		43. Signature of witness		44. Signature of witness	
45. Signature of witness		46. Signature of witness		47. Signature of witness		48. Signature of witness	
49. Signature of witness		50. Signature of witness		51. Signature of witness		52. Signature of witness	
53. Signature of witness		54. Signature of witness		55. Signature of witness		56. Signature of witness	
57. Signature of witness		58. Signature of witness		59. Signature of witness		60. Signature of witness	
61. Signature of witness		62. Signature of witness		63. Signature of witness		64. Signature of witness	
65. Signature of witness		66. Signature of witness		67. Signature of witness		68. Signature of witness	
69. Signature of witness		70. Signature of witness		71. Signature of witness		72. Signature of witness	
73. Signature of witness		74. Signature of witness		75. Signature of witness		76. Signature of witness	
77. Signature of witness		78. Signature of witness		79. Signature of witness		80. Signature of witness	
81. Signature of witness		82. Signature of witness		83. Signature of witness		84. Signature of witness	
85. Signature of witness		86. Signature of witness		87. Signature of witness		88. Signature of witness	
89. Signature of witness		90. Signature of witness		91. Signature of witness		92. Signature of witness	
93. Signature of witness		94. Signature of witness		95. Signature of witness		96. Signature of witness	
97. Signature of witness		98. Signature of witness		99. Signature of witness		100. Signature of witness	

535
53 3036
BIRTH NO.BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 53 3036

1. NAME OF DECEASED (Type or Print) <i>Shundanski, Edmund</i>		2. DATE OF DEATH <i>3/23/53</i>	
3. PLACE OF DEATH: A. Baltimore City, Maryland <i>Balt.</i>		4. USUAL RESIDENCE (Where deceased lived, If institution: residence before admission) A. STATE <i>Md.</i> B. COUNTY <i>Balt.</i>	
B. FULL NAME OF HOSPITAL OR INSTITUTION <i>Mercy hospital</i>		C. CITY OR TOWN (If outside corporate limits, state RURAL and give township) <i>BALTIMORE</i>	
Length of stay in Baltimore <i>Unknown</i>		D. STREET ADDRESS (If rural, give location) <i>214 E Pratt St.</i>	
5. SEX <i>M</i>	6. COLOR OR RACE <i>W</i>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <i>W.</i>	8. DATE OF BIRTH <i>Nov. 9, 1908</i>
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>COOK</i>		9. AGE (in years last birthday) <i>44</i>	
10B. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) <i>New York</i>	
13. FATHER'S NAME <i>ROMAN SHUNDANSKI</i>		12. CITIZEN OF WHAT COUNTRY? <i>USA.</i>	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) <i>No</i>		16. SOCIAL SECURITY NO. <i>073-10-5673</i>	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (If yes, give war or dates of service)		17. INFORMANT ADDRESS <i>HOSPITAL RECORDS</i>	
18. <i>581.1</i> DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) CAUSE OF DEATH (A) <i>Congestive Heart Failure</i> DUE TO (B) <i>Coronary Sclerosis</i> DUE TO (C) INTERVAL BETWEEN ONSET AND DEATH <i>?</i>			
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.			
19A. DATE OF OPERATION <i>0</i>		19B. MAJOR FINDINGS OF OPERATION	
20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>			
21A. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)			
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT <input type="checkbox"/> WORK NOT WHILE <input type="checkbox"/> AT WORK	
21F. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from <i>3/23, 1953</i> to <i>3/23, 1953</i> that I last saw the deceased alive on <i>8:30 AM 3/23/53</i> and that death occurred at <i>8:54 AM</i> m., from the causes and on the date stated above.			
23A. SIGNATURE <i>[Signature]</i>		23B. ADDRESS <i>Mercy Hospital</i>	
23C. DATE SIGNED <i>3/23/53</i>			
24A. BURIAL, CREMATION, REMOVAL (Specify) <i>Burial</i>		24B. DATE <i>3/26/53</i>	
24C. NAME OF CEMETERY OR CREMATORY <i>New Cathedral Cemetery</i>		24D. LOCATION (City, town, or county) (State) <i>Baltimore, Maryland</i>	
DATE RECEIVED BY LOCAL REGISTRAR <i>Huntington Williams, M.D.</i>		25. FUNERAL DIRECTOR ADDRESS <i>Wm Cook, Inc., 1217 So. Paul St.</i>	

MEDICAL CERTIFICATION

MAR 26 1953
VS 150

754 64

BRITISH AIR FORCE
CERTIFICATE OF DEATH

1. NAME OF THE DECEASED		2. SERVICE NUMBER	
3. GRADE OR RANK		4. BRANCH OF SERVICE	
5. DATE OF DEATH		6. PLACE OF DEATH	
7. CAUSE OF DEATH		8. DISEASE OR INJURY	
9. MEDICAL HISTORY		10. SERVICE RECORD	
11. FAMILY DETAILS		12. OTHER NOTES	

425
53 3037
BIRTH NO.BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 53 3037

1. NAME OF DECEASED (Type or Print) IDA Blackman			2. DATE OF DEATH MAR 22 1953		
3. PLACE OF DEATH: A. Baltimore City, Maryland			4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Md. B. COUNTY		
B. FULL NAME OF HOSPITAL OR INSTITUTION JOHNS HOPKINS HOSPITAL			C. CITY OR TOWN, (If outside corporate limits, write RURAL and give township) Baltimore 10-01		
5. LENGTH OF STAY IN BALTIMORE 6 months			D. STREET ADDRESS (If rural, give location) 1220 N. Central Ave.		
5. SEX Female	6. COLOR OR RACE colored	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) S.	8. DATE OF BIRTH 11-8-33	9. AGE (in years last birthday) 19	10. Under 1 Year Months: Days 10. Under 24 Hours Hours: Min.
11. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) none			12. CITIZEN OF WHAT COUNTRY? U.S.A.		
13. FATHER'S NAME Baxter Blackman			14. MOTHER'S MAIDEN NAME Florence White		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)			16. SOCIAL SECURITY NO.		
17. INFORMANT JOHNS HOPKINS HOSPITAL			ADDRESS		

18. 193X DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) Neurosarcoma DUE TO	CAUSE OF DEATH Neurosarcoma DUE TO	INTERVAL BETWEEN ONSET AND DEATH 18 mos.
19. ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. DUE TO		
20. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. DUE TO		

19A. DATE OF OPERATION 0		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
21A. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH	21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)		
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY	21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21F. HOW DID INJURY OCCUR?		

22. I hereby certify that I attended the deceased from **11-14-1952** to **3-22-1953** that I last saw the deceased alive on **3-22-1953** and that death occurred at **3:20 A. M.**, from the causes and on the date stated above.

23A. SIGNATURE Huntington Williams, M.D.	23B. ADDRESS JOHNS HOPKINS HOSPITAL	23C. DATE SIGNED 3-23-53
24A. BURIAL, CREMATION, REMOVAL (Specify) Shipped	24B. DATE 3-25-53	24C. NAME OF CEMETERY OR CREMATORY Lan Cester S.C.
24D. LOCATION (City, town, or county) (State) S.C.	25. FUNERAL DIRECTOR Rayner Sanders	ADDRESS 217 E. Preston St

DATE RECEIVED BY LOCAL REGISTRAR
MAR 26 1953

STATE OF NEW YORK
DEPARTMENT OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

NAME OF DECEASED		AGE		SEX		RACE		DATE OF DEATH		PLACE OF DEATH	
DATE OF BIRTH		PLACE OF BIRTH		MARRIAGE		OCCUPATION		CAUSE OF DEATH		MANNER OF DEATH	
EDUCATION		RELIGION		MILITARY SERVICE		PREVIOUS ILLNESS		TREATMENT		POST-MORTEM	
SIGNED AND SWORN TO before me this _____ day of _____, 19____		by _____		Notary Public in and for the State of New York							
My commission expires the _____ day of _____, 19____											
GIVEN UNDER MY HAND AND SEAL OF OFFICE this _____ day of _____, 19____											
Notary Public in and for the State of New York											
My commission expires the _____ day of _____, 19____											

[Handwritten signature]

636
53 3038
BIRTH NO.BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH53 3038
Registered No.1. NAME OF DECEASED
(Type or Print)

Eileen Eileen Carter

2. DATE
OF
DEATH

MAR 23 1953

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF
HOSPITAL OR
INSTITUTION

JOHNS HOPKINS HOSPITAL

4. USUAL RESIDENCE (Where deceased lived. If institution: residence
before admission)

A. STATE

B. COUNTY

Md.

C. CITY OR TOWN (If outside corporate limits, write RURAL and give
township)

Baltimore 13

D. STREET ADDRESS (If rural, give location)

1620 N. Wolfe St.

Length of stay in Baltimore

5. SEX

female

6. COLOR OR RACE

colored

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

S.

10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

Domestic

10B. KIND OF BUSINESS OR
INDUSTRY

Private Family

8. DATE OF BIRTH

11-9-35

9. AGE (in years
last birthday)

17

If Under 1 Year
Months: DaysIf Under 24 Hours
Hours: Min.

11. BIRTHPLACE (State or foreign country)

Halifax Va.

12. CITIZEN OF
WHAT COUNTRY?

U.S.A.

13. FATHER'S NAME

Edward Carter

14. MOTHER'S MAIDEN NAME

Clara Jones

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown)

No

(If yes, give war or dates of service)

16. SOCIAL
SECURITY NO.17. INFORMANT ADDRESS
JOHNS HOPKINS HOSPITAL

18. 600.0

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A) Hemia

14 mos.

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B) Polymyositis

?

(C)

II
OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☒ NO ☐21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR? (If in Baltimore City, give exact location)21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

WHILE AT ☐ NOT WHILE
WORK AT WORK

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 3-15-1953 to 3-23-1953 that I last saw the
deceased alive on 3-23-1953, and that death occurred at 152 A.M., from the causes and on the date stated above.

23A. SIGNATURE

Michael W. Divil

23B. ADDRESS

M. D.

JOHNS HOPKINS HOSPITAL

23C. DATE SIGNED

3-23-53

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county)

3-25-1953

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

MAR 26 1953

Huntington Williams, M.D. Randolph J. Collick 1412 E. Proctor St.

VS 150

7208A

MEDICAL CERTIFICATION

142

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 53 3039

1. NAME OF DECEASED (Type or Print) DANIEL EDGAR COALE		2. DATE OF DEATH 3/25/53	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived, If institution: residence before admission) A. STATE Maryland B. COUNTY Harford	
B. FULL NAME OF HOSPITAL OR INSTITUTION Church Home & Hospital		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Churchville	
D. STREET ADDRESS (If rural, give location) —		E. AGE (In years last birthday) 64	
F. LENGTH OF STAY IN BALTIMORE 2		G. DATE OF BIRTH 3/24/1888	
5. SEX M	6. COLOR OR RACE W	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) M	8. DATE OF BIRTH 3/24/1888
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Carpenter		10B. KIND OF BUSINESS OR INDUSTRY Carpenter	
11. BIRTHPLACE (State or foreign country) Maryland		12. CITIZEN OF WHAT COUNTRY? U.S.	
13. FATHER'S NAME Lafayette Coale		14. MOTHER'S MAIDEN NAME M Martha Tageron	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) no		16. SOCIAL SECURITY NO. —	
17. INFORMANT Church Home & Hospital		ADDRESS —	

18. 420.0 DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) I	CAUSE OF DEATH (A) Pulmonary Infarction DUE TO (B) Phlebotrombosis DUE TO (C) atrioventricular heart disease	INTERVAL BETWEEN ONSET AND DEATH 5 days
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.		

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION 0	19B. MAJOR FINDINGS OF OPERATION —	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH <input type="checkbox"/>	21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.) —	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location) —
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY —	21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21F. HOW DID INJURY OCCUR? —

22. I hereby certify that I attended the deceased from **3/23**, 19**53**, to **3/25**, 19**53**, that I last saw the deceased alive on **3/25**, 19**53**, and that death occurred at **4:30 P.** m., from the causes and on the date stated above.

23A. SIGNATURE Daniel Tageron	23B. ADDRESS Church Home & Hospital	23C. DATE SIGNED 3/25/53
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24A. BURIAL, CREMATION, REMOVAL (Specify) Burial	24B. DATE 3/25/53	24C. NAME OF CEMETERY OR CREMATORY Smiths Chapel cemetery	24D. LOCATION (City, town, or county) (State) Abertown, Maryland
DATE RECEIVED BY LOCAL REGISTRAR MAR 26 1953	REGISTRAR'S SIGNATURE Huntington Williams, Jr.	25. FUNERAL DIRECTOR Henry Tarrington & Sons	ADDRESS 51024 Abertown, Maryland

6223

44

UNITED STATES DEPARTMENT OF THE ARMY
HEADQUARTERS, WASHINGTON, D. C.

OFFICE OF THE ADJUTANT GENERAL

WASHINGTON, D. C.

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BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

53 3040
 Registered No. _____

600
 53 3040
 BIRTH NO. 53-01603

1. NAME OF DECEASED (Type or Print) <i>William Earl Baby Bauer Jr.</i>		2. DATE OF DEATH <i>Apr. 25-1953</i>	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution, residence before admission) A. STATE <i>Md</i> B. COUNTY _____	
B. FULL NAME OF HOSPITAL OR INSTITUTION JOHNS HOPKINS HOSPITAL		C. CITY OR TOWN (If outside corporate limits, write full name and give township) <i>Baltimore</i>	
D. STREET ADDRESS (If rural, give location) <i>21 Jeffrey St.</i>		E. DATE OF BIRTH <i>1-17-53</i>	
F. AGE (In years last birthday) <i>2</i>		G. AGE (In years last birthday) <i>2</i>	
H. SEX <i>male</i>		I. COLOR OR RACE <i>white</i>	
J. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)		K. DATE OF BIRTH <i>1-17-53</i>	
L. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		M. AGE (In years last birthday) <i>2</i>	
N. KIND OF BUSINESS OR INDUSTRY		O. CITIZEN OF WHAT COUNTRY?	
P. FATHER'S NAME <i>William Bauer</i>		Q. MOTHER'S MAIDEN NAME <i>Helen ELIZABETH Jones</i>	
R. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)		S. SOCIAL SECURITY NO.	
T. INFORMANT		U. ADDRESS	

1B. <i>560.2</i> I DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)		CAUSE OF DEATH (A) <i>Omphalocele.</i>		INTERVAL BETWEEN ONSET AND DEATH <i>snice birth.</i>	
DUE TO		(B) _____		DUE TO	
DUE TO		(C) _____		DUE TO	
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.					

19A. DATE OF OPERATION <i>3/23/52</i>		19B. MAJOR FINDINGS OF OPERATION <i>fracture of wound.</i>		20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	

22. I hereby certify that I attended the deceased from *1-17-1953* to *2-25-1953*, that I last saw the deceased alive on *2-25-1953*, and that death occurred on *11-25-1953*, from the causes and on the date stated above.

23A. SIGNATURE <i>Thomas E. Buchelder Jr.</i>		23B. ADDRESS JOHNS HOPKINS HOSPITAL		23C. DATE SIGNED <i>3/25/53</i>	
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24A. BURIAL, CREMATION, REMOVAL (Specify) <i>Removal</i>		24B. DATE <i>March 25/53</i>		24C. NAME OF CEMETERY OR CREMATORY <i>Queen's Park</i>	
24D. LOCATION (City, town, or county) <i>Keyser, W. Va.</i>		25. FUNERAL DIRECTOR <i>William Beal, Inc</i>		ADDRESS <i>1217 St Paul St.</i>	

VS 150

MEDICAL CERTIFICATION

D-650
53 3041

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

53 3041

CERTIFICATE OF DEATH

Reg. Dist. No.

1. PLACE OF DEATH- COUNTY Baltimore		2. USUAL RESIDENCE (HOME) OF DECEASED- STATE Maryland COUNTY Baltimore	
CITY (If outside corporate limits, write RURAL and give nearest town) Catonsville		CITY (If outside corporate limits, write RURAL and give nearest town) Catonsville	
HOSPITAL OR INSTITUTION OR STREET ADDRESS Hood Nursing Home		STREET ADDRESS (If rural, give location) 700 Academy Road	
3. NAME OF DECEASED (Type or Print) KATHERINE		4. DATE OF DEATH March 15, 1953	
5. SEX Female		6. COLOR OR RACE White	
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Single		8. DATE OF BIRTH August 11, 1873	
9. AGE last birthday 79 yrs.		10. If under 1 year Months Days Hours Mins.	
11. BIRTHPLACE (State or foreign country) Maryland		12. CITIZEN OF WHAT COUNTRY U.S.A.	
13. FATHER'S NAME John Doran		14. MOTHER'S MAIDEN NAME Mary Neil	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No		16. SOCIAL SECURITY No. None	
17. INFORMANT AND ADDRESS 700 Academy Road, Mr. William A. Harmon Catonsville, Md.			

18. MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH	
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH			
447X Immediate cause (a) Embolism - cardiac			
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Arteriosclerosis, High Blood Pressure		12 years	
(c) Auricular Fibrillation		4 yrs	
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			
19a. DATE OF OPERATION 0		19b. MAJOR FINDINGS OF OPERATION	
20. AUTOPSY? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>			
21. ACCIDENT (Specify) SUICIDE		PLACE (Home, farm, factory, street, OF office hldg., etc.) INJURY	
TIME (Month) (Day) (Year) (Hour) OF INJURY Mar 10 1953		INJURY OCCURRED While at Work <input type="checkbox"/> Not While At work <input type="checkbox"/>	
HOW DID INJURY OCCUR?			

22. I hereby certify that I attended the deceased from **1941**, to **Mar 15, 1953**, that I last saw the deceased

alive on **Mar 10, 1953**, and that death occurred at **11:45 PM**, from the causes and on the date stated above.

SIGNATURE **Robert B. Taylor MD** (Degree or title) ADDRESS **Mar 16 1953** DATE SIGNED

23. BURIAL, CREMATION REMOVAL (Specify) Burial		DATE THEREOF March 18, 1953		NAME OF CEMETERY OR CREMATORY New Cathedral Cemetery		LOCATION (City, town, or county) Baltimore, Md.		(State)	
DATE RECORDED BY LOCAL REG. 26153		REGISTRAR'S SIGNATURE William A. Harmon		24. FUNERAL DIRECTOR Easton Sons		ADDRESS Catonsville, Md.			

RECEIVED

MAR 19 1953

BUREAU V. S.

-652

53 3042

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 53 3042

1. NAME OF DECEASED (Type or Print) <i>Soldie Bernstein</i>			2. DATE OF DEATH <i>March 25, 1953</i>		
3. PLACE OF DEATH: A. Baltimore City, Maryland			4. USUAL RESIDENCE (Where deceased lived. If institution, residence before admission) A. STATE <i>md.</i> B. COUNTY		
B. FULL NAME OF HOSPITAL OR INSTITUTION <i>JOHNS HOPKINS HOSPITAL</i>			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <i>Baltimore</i>		
C. Length of stay in Baltimore <i>45 yrs.</i>			D. STREET ADDRESS (If rural, give location) <i>3806 Cottage Ave.</i>		
5. SEX <i>Female</i>	6. COLOR OR RACE <i>White</i>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <i>married</i>	8. DATE OF BIRTH <i>9-19-90</i>	9. AGE (In years last birthday) <i>62</i>	If Under 1 Year Months: Days: If Under 24 Hours Hours: Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>Housewife</i>			10B. KIND OF BUSINESS OR INDUSTRY <i>own home</i>		
13. FATHER'S NAME <i>Joseph Scheinberg</i>			11. BIRTHPLACE (State or foreign country) <i>Ireland</i>		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)			12. CITIZEN OF WHAT COUNTRY? <i>USA</i>		
16. SOCIAL SECURITY NO.			14. MOTHER'S MAIDEN NAME <i>Rose?</i>		
17. INFORMANT <i>JOHNS HOPKINS HOSPITAL</i>			ADDRESS		

18. <i>153X</i>	CAUSE OF DEATH <i>Ca sigmoid</i>	INTERVAL BETWEEN ONSET AND DEATH
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.		
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. <i>peritonitis</i>		

19A. DATE OF OPERATION <i>0</i>	19B. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
21A. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH	21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY	21E. INJURY OCCURRED WHILE AT <input type="checkbox"/> WORK NOT WHILE AT WORK <input type="checkbox"/>	21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from *2-15*, 1953, to *3-25*, 1953, that I last saw the deceased alive on *3-25*, 1953, and that death occurred at *6:20 p.m.*, from the causes and on the date stated above.

23A. SIGNATURE <i>B. Noland Card</i>	23B. ADDRESS <i>JOHNS HOPKINS HOSPITAL</i>	23C. DATE SIGNED <i>3-25-53</i>
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24A. BURIAL, CREMATION, REMOVAL (Specify) <i>Burial</i>	24B. DATE <i>Mar 26 1953</i>	24C. NAME OF CEMETERY OR CREMATORY <i>Shaare Zion Cong. Baltimore, Md</i>	24D. LOCATION (City, town, or county) <i>Baltimore, Md</i>
DATE RECEIVED BY LOCAL REGISTRAR <i>MAR 26 1953</i>	REGISTRAR'S SIGNATURE <i>Huntington Williams</i>	25. FUNERAL DIRECTOR <i>Sal. Levinson</i>	ADDRESS <i>Bro 2-1124-26W.</i>

-500
53 3043
BIRTH NO.

CALIN
BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

53 3043
Registered No.

1. NAME OF DECEASED (Type or Print) <i>Ellen C Cain</i>			2. DATE OF DEATH <i>March 25, 1953</i>			
3. PLACE OF DEATH: A. Baltimore City, Maryland <i>1924 Washington St</i> B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location)			4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE B. COUNTY			
C. CITY OR TOWN (If outside corporate limits, write full name and give township) <i>Baltimore Ind.</i>			D. STREET ADDRESS (If rural, give location) <i>1924 Washington St Balto Ind</i>			
5. SEX <i>F</i>			6. COLOR OR RACE <i>White</i>			
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <i>Single</i>			8. DATE OF BIRTH <i>Oct 2, 1864</i>			
9. AGE (In years last birthday) <i>88</i>			10. Under 1 Year Months: Days: <i>5 23</i>			
11. BIRTHPLACE (State or foreign country) <i>Maryland</i>			12. CITIZEN OF WHAT COUNTRY? <i>USA</i>			
13. FATHER'S NAME <i>Thomas Cain Ireland</i>			14. MOTHER'S MAIDEN NAME <i>Julia Maher Ireland</i>			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) <i>no</i>			16. SOCIAL SECURITY NO. <i>None</i>			
17. INFORMANT <i>Mr Raymond Heston</i>			ADDRESS <i>1924 Washington St</i>			
18. <i>443X</i> DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) <i>Hypertensive Cardiovascular Disease</i>			CAUSE OF DEATH (A) <i>Hypertensive Cardiovascular Disease</i> DUE TO (B) <i>None</i> DUE TO (C) <i>None</i>			INTERVAL BETWEEN ONSET AND DEATH <i>1 year</i>
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.						
19A. DATE OF OPERATION <i>0</i>			19B. MAJOR FINDINGS OF OPERATION			
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>						
21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)		
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?		
22. I hereby certify that I attended the deceased from <i>March 10, 1953</i> , to <i>March 25, 1953</i> , that I last saw the deceased alive on <i>March 24, 1953</i> , and that death occurred at <i>9 a. m.</i> , from the causes and on the date stated above.						
23A. SIGNATURE <i>Wm J. Nichols</i>		23B. ADDRESS M. D. <i>701 N. Kenwood Ave.</i>		23C. DATE SIGNED <i>3/26/53</i>		
24A. BURIAL, CREMATION, REMOVAL (Specify) <i>Buried</i>		24B. DATE <i>Mar 28, 1953</i>		24C. NAME OF CEMETERY OR CREMATORY <i>Howe Catholic Cemetery</i>		
24D. LOCATION (City, town, or county) (State) <i>Baltimore Md</i>		24E. NAME OF FUNERAL DIRECTOR <i>Albert R. Kelly</i>		24F. ADDRESS <i>4642 Belair Road</i>		
DATE RECEIVED BY LOCAL REGISTRAR <i>MAR 26 1953</i>		REGISTRAR'S SIGNATURE <i>Thurmon W. Williams, M.D.</i>		25. FUNERAL DIRECTOR'S ADDRESS <i>4642 Belair Road</i>		

MEDICAL CERTIFICATION

250
53 3044BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 53 3044

1. NAME OF DECEASED (Type or Print) Frederick Neal Packham		2. DATE OF DEATH 3-23-53	
3. PLACE OF DEATH: A. Baltimore City, Maryland Balto		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Md B. COUNTY	
B. FULL NAME OF HOSPITAL OR INSTITUTION Union Memorial Hospital		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Balto. Md. 1-00	
C. Length of stay in Baltimore Life		D. STREET ADDRESS (If rural, give location) 617 S. Streepor Street	
5. SEX M	6. COLOR OR RACE W	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Widowed	8. DATE OF BIRTH 2-4-95
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Laborer		10B. KIND OF BUSINESS OR INDUSTRY Balto City Parks	9. AGE (In years last birthday) 58
11. BIRTHPLACE (State or foreign country) Baltimore		12. CITIZEN OF WHAT COUNTRY? USA	
13. FATHER'S NAME Unknown		14. MOTHER'S MAIDEN NAME Unknown	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.	17. INFORMANT Georgianna Krasmierski
		ADDRESS same	
18. 420.1 I DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) DUE TO MYOCARDIAL INFARCTION (NEW) II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		INTERVAL BETWEEN ONSET AND DEATH 24 Hrs. 24 Hrs. 3 YRS	
19A. DATE OF OPERATION 0		19B. MAJOR FINDINGS OF OPERATION	
20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>			
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)			
21D. TIME (Month) (Day) (Year) (Hour) INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
21F. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from AUG. 1, 1950, to MARCH 23, 1953, that I last saw the deceased alive on MARCH 6, 1953, and that death occurred at m., from the causes and on the date stated above.			
23A. SIGNATURE Henry J. Kousha		23B. ADDRESS 333 E. East Ave.	
23C. DATE SIGNED 3/25/53			
24A. BURIAL, CREMATION, REMOVAL Burial		24B. DATE 3-25-53	
24C. NAME OF CEMETERY OR CREMATORY Oak Lawn		24D. LOCATION (City, town, or county) (State) Baltimore, Md.	
DATE RECEIVED BY LOCAL REGISTRAR MAR 26 1953		REGISTRAR'S SIGNATURE Huntington Williams, M.D.	
25. FUNERAL DIRECTOR Lilly & Zeiler		ADDRESS 403 S. Wolfe Street	

200
3 3045BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH53 3045
Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Anthony Lewis

2. DATE
OF
DEATH

3/24/53

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF
HOSPITAL OR
INSTITUTION
(If not in hospital or institution, give street address or location)

Univ. Hosp.

c. Length of stay in Baltimore

Yrs.
Mos.
Days

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE

B. COUNTY

C. CITY OR TOWN

(If outside corporate limits, write FULL and give township)

D. STREET ADDRESS (If rural, give location)

8. DATE OF BIRTH

11-17-1872

9. AGE (In years last birthday)

80

If Under 1 Year
Months Days

4 7

If Under 24 Hours
Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Watchman

10B. KIND OF BUSINESS OR INDUSTRY

Watchman

13. FATHER'S NAME

(Unknown)

11. BIRTHPLACE (State or foreign country)

Kentucky

12. CITIZEN OF
WHAT COUNTRY?

14. MOTHER'S MAIDEN NAME

(Unknown)

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)16. SOCIAL
SECURITY NO.

17. INFORMANT

ADDRESS

Mrs. Mary Reilly 733 McCahill Ave.

18. 180X

CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A)

Carcinoma Ureter

DUE TO

INTERVAL BETWEEN
ONSET AND DEATH

?

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B)

DUE TO

(C)

II
OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

Arteriosclerosis

19A. DATE OF OPERATION

3/21

19B. MAJOR FINDINGS OF OPERATION

Lt. Ca. Ureter & Hydro-nephrosis

20. AUTOPSY?

YES ☐ NO ☒21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

WHILE AT ☐ NOT WHILE ☐
WORK AT WORK

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 3/14, 1953 to 3/24, 1953 that I last saw the deceased alive on 3/24, 1953 and that death occurred at 10 a.m., from the causes and on the date stated above.

23A. SIGNATURE

J. D. Baker

23B. ADDRESS

Univ. Hosp

23C. DATE SIGNED

3/24/53

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

24B. DATE

3-26-53

24C. NAME OF CEMETERY OR CREMATORY

Moneland Memorial Cem. Balto., Md.

24D. LOCATION (City, town, or county)

State

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

Huntington Williams, M.D.

25. FUNERAL DIRECTOR

ADDRESS

Leonard J. Ryck
5305 Harford Rd., Balto., Md.

VS 150

MEDICAL CERTIFICATION

CERTIFICATE OF DEATH

<p>1. Name of deceased: _____</p>	
<p>2. Date of death: _____</p>	
<p>3. Place of death: _____</p>	
<p>4. Cause of death: _____</p>	
<p>5. Signature of physician: _____</p>	
<p>6. Signature of registrar: _____</p>	
<p>7. Date of registration: _____</p>	
<p>8. Remarks: _____</p>	

**BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH**

53 3046
Registered No.

300
3046
BIRTH NO.

1. NAME OF DECEASED (Type or Print) ESTELLE WHITE			2. DATE OF DEATH 3/25/53		
3. PLACE OF DEATH: a. Baltimore City, Maryland Mercy Hospital.			4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE MARYLAND b. COUNTY		
b. FULL NAME OF HOSPITAL OR INSTITUTION Mercy Hospital.			c. CITY OR TOWN (If outside corporate limits, write full name and give township) BALTIMORE		
c. Length of stay in Baltimore 82 - Yrs. Mos. Days			d. STREET ADDRESS (If rural, give location) 5314 MORELLO RD.		
5. SEX F	6. COLOR OR RACE W	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)		8. DATE OF BIRTH ?	9. AGE (in years last birthday) 82
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) Maryland	
13. FATHER'S NAME ?		14. MOTHER'S MAIDEN NAME ?		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) No		16. SOCIAL SECURITY NO. ?		17. INFORMANT ADDRESS	

18. 331X I DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)		CAUSE OF DEATH		INTERVAL BETWEEN ONSET AND DEATH	
(A) Cerebral vascular accident		DUE TO		5	
ANTECEDENT CAUSES		(B) Hypertension		DUE TO	
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.		(C) Atherosclerosis - C.V.A.		DUE TO	

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.					
19a. DATE OF OPERATION 0		19b. MAJOR FINDINGS OF OPERATION			20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>
21a. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH		21b. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		21c. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21d. TIME (Month) (Day) (Year) (Hour) INJURY		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?	

22. I hereby certify that I attended the deceased from 3/20/53 1953, to 3/25, 1953 that I last saw the deceased alive on 3/21, 1953, and that death occurred at 4:30 p. m., from the causes and on the date stated above.

23a. SIGNATURE *John Rada* M. D. 23b. ADDRESS *Mary Hays* 23c. DATE SIGNED

24a. BURIAL, CREMATION, REMOVAL (Specify) Buried	24b. DATE 3-28-53	24c. NAME OF CEMETERY OR CREMATORY Wiss. Methodist Cemetery	24d. LOCATION (City, town, or county) (State) Parkville, Md.
DATE RECEIVED BY LOCAL REGISTRAR Mar 26 1953		REGISTRAR'S SIGNATURE <i>Huntington Williams, M.D.</i>	25. FUNERAL DIRECTOR <i>Leonard H. Hark</i> 5305 Harford Rd. Balto. 14, Md.

MEDICAL CERTIFICATION

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 53 3047

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

HARRY FRANCIS HUNTER

2. DATE
OF
DEATH

March 25, 1953

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR
INSTITUTION

3017 Wayne Avenue

4. USUAL RESIDENCE (Where deceased lived. If institution: residence
A. STATE before admission)

Maryland

B. COUNTY

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)
Baltimore

D. STREET ADDRESS (If rural, give location)

3017 Wayne Avenue

5. SEX

Male

6. COLOR OR RACE

White

7. SINGLE, MARRIED,

WIDOWED, DIVORCED (Specify)

Married

8. DATE OF BIRTH

August 25, 1875

9. AGE (In years
last birthday)

77

If Under 1 Year

Months: Days

If Under 24 Hours

Hours: Min.

10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

Clerk

10B. KIND OF BUSINESS OR
INDUSTRY

Horse Racing

11. BIRTHPLACE (State or foreign country)

New York

12. CITIZEN OF
WHAT COUNTRY?

United States

13. FATHER'S NAME

14. MOTHER'S MAIDEN NAME

Unknown

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)

No

16. SOCIAL
SECURITY NO.

17. INFORMANT

ADDRESS

Mrs. Mary Hunter 3017 Wayne Ave - 7-

18. 420.1 I

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A)

Coronary Occlusion

1 hour

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B)

Hypertensive cardiovascular
disease

15 years

DUE TO

(C)

II
OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

WHILE AT ☐ NOT WHILE ☐
WORK AT WORK22. I hereby certify that I attended the deceased from December 1947, to March, 1953, that I last saw the
deceased alive on March 25, 1953, and that death occurred at 1:00 p. m., from the causes and on the date stated above.

23A. SIGNATURE

23B. ADDRESS

23C. DATE SIGNED

William T. Ireland

M. D.

3400 Woodbine Ave. Balt. 7, Md.

3/25/53

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county)

(State)

Burial

Mch. 28/53

Parkwood

Hamilton, Baltimore, Md

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

MAR 26 1953

Huntington Williams, Harry A. Kuntze, 4101 Edmondson

Lo 3143.

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH53 3048
Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

KATHERINE KUHL

2. DATE
OF
DEATH Mar. 22, 1953

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR INSTITUTION 3913 W. Mulberry St.4. USUAL RESIDENCE (Where deceased lived. If institution: residence
A. STATE B. COUNTY before admission)

Md.

C. CITY OR TOWN (If outside corporate limits, write RURAL, and give township)
Baltimore

D. STREET ADDRESS (If rural, give location)

3913 W. Mulberry St.

5. SEX

female

6. COLOR OR RACE

white

7. SINGLE, MARRIED,

WIDOWED, DIVORCED (Specify)
widowed

8. DATE OF BIRTH

Nov. 10, 1876

9. AGE (In years
last birthday)

76

If Under 1 Year
Months: DaysIf Under 24 Hours
Hours: Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

Housewife

10B. KIND OF BUSINESS OR
INDUSTRY

at home

11. BIRTHPLACE (State or foreign country)

Maryland

12. CITIZEN OF
WHAT COUNTRY?

13. FATHER'S NAME

Herman Fehler

14. MOTHER'S MAIDEN NAME

Katherine Pensel

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)
no16. SOCIAL
SECURITY NO.
no

17. INFORMANT

ADDRESS

Mr. H. J. Fehler-3519 Liberty Hgts. Ave.

18. 420.1 I

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g.,
heart failure, asthma, etc. It means the disease,
injury or complication which caused death.)

(A)

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B)

DUE TO

(C)

II
OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

WHILE AT
WORK ☐NOT WHILE
AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 1950, 19, to 2/22, 1953, that I last saw the
deceased alive on 2/22, 1953, and that death occurred at 6:00 am., from the causes and on the date stated above.

23A. SIGNATURE

23B. ADDRESS

23C. DATE SIGNED

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)
Burial

24B. DATE

3/26/53

24C. NAME OF CEMETERY OR CREMATORY

Loudon Park Cem.

24D. LOCATION (City, town, or county) (State)

Balto., Md.

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

MAR 26 1953

VS 150

MEDICAL CERTIFICATION

STATE OF NEW YORK
DEPARTMENT OF HEALTH
BUREAU OF VITAL STATISTICS
OFFICE OF THE REGISTRAR
ALBANY, N. Y.

DATE OF DEATH

TIME OF DEATH

PLACE OF DEATH

CAUSE OF DEATH

PLACE OF BIRTH

SEX

AGE

EDUCATION

RELIGION

OCCUPATION

STATUS

DATE OF BIRTH

PLACE OF BIRTH

DATE OF DEATH

PLACE OF DEATH

DATE OF DEATH

PLACE OF DEATH

DATE OF DEATH

PLACE OF DEATH

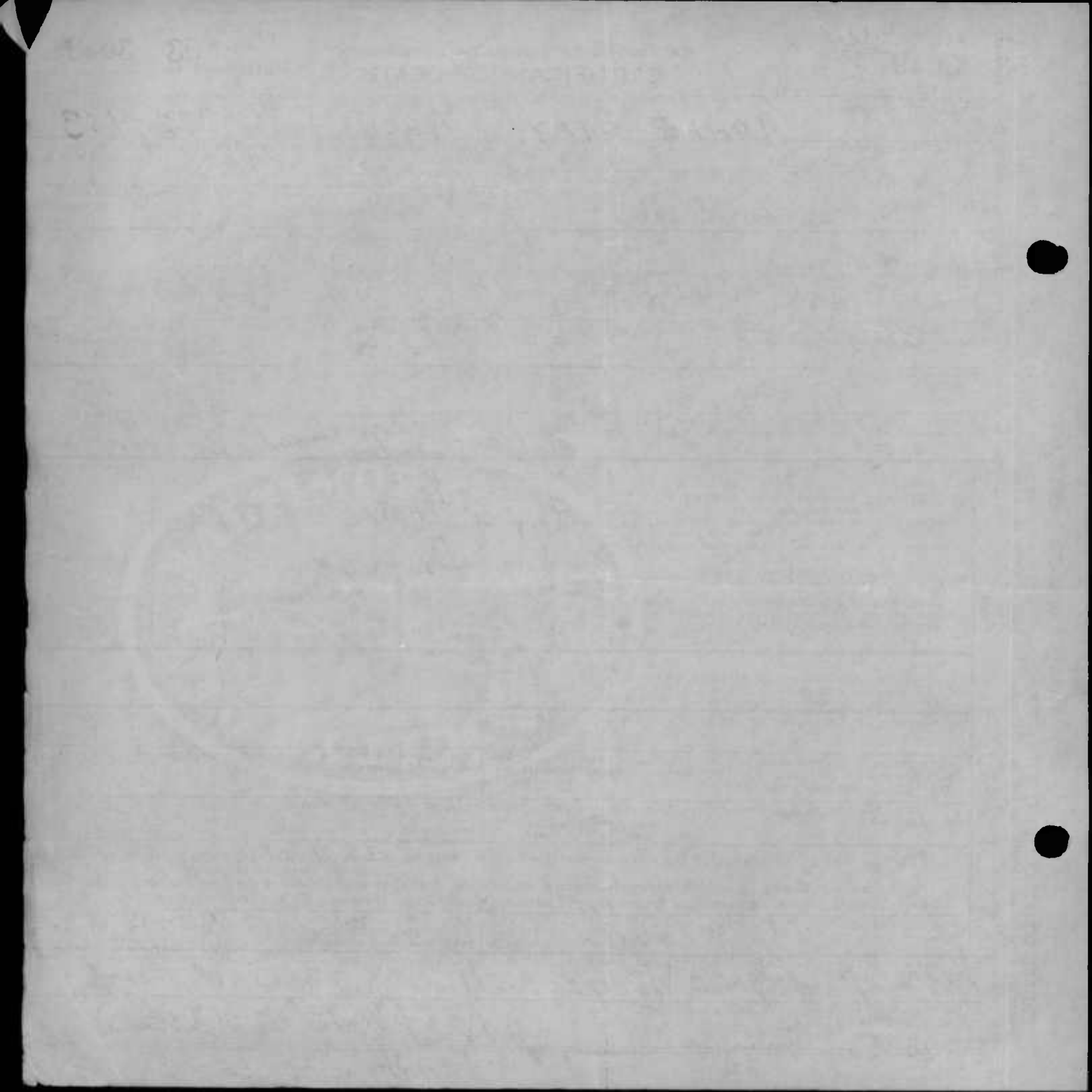
53

3049

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 53 3049

BIRTH NO.		1. NAME OF DECEASED (Type or Print) ANNIE MAY MACK		2. DATE OF DEATH 3/24/53	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived; If institution: residence before admission) A. STATE Maryland B. COUNTY			
B. FULL NAME OF HOSPITAL OR INSTITUTION University Hospital		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore			
c. Length of stay in Baltimore		D. STREET ADDRESS (If rural, give location) 815 W. Lombard St.			
5. SEX Female	6. COLOR OR RACE White	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) WIDOWED	8. DATE OF BIRTH 7-6-1894	9. AGE (In years last birthday) 58	If Under 1 Year Months: Days: If Under 24 Hours Hours: Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) NA		10B. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) Ind	
12. CITIZEN OF WHAT COUNTRY?		13. FATHER'S NAME		14. MOTHER'S MAIDEN NAME	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)		16. SOCIAL SECURITY NO.		17. INFORMANT CHRISTINE D. HOGAN ADDRESS 3014 N. CALVERT ST.	
18. 443X DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) Hypertensive Heart Disease		(A) DUE TO		INTERVAL BETWEEN ONSET AND DEATH	
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.		(B) DUE TO			
(C) DUE TO					
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.					
19A. DATE OF OPERATION		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21A. EXTERNAL CAUSE WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH.		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I certify that I took charge of the remains described above, held an Inspection thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes <input checked="" type="checkbox"/> accident <input type="checkbox"/> suicide <input type="checkbox"/> homicide <input type="checkbox"/> undetermined <input type="checkbox"/> .					
23A. SIGNATURE R. F. Fisher		23B. CHIEF MEDICAL EXAMINER..... M.D. MEDICAL INVESTIGATOR.....		23C. DATE SIGNED 3/25/53	
24A. BURIAL, CREMATION, REMOVAL (Specify)		24B. DATE 3/28/53		24C. NAME OF CEMETERY OR CREMATORY PROSPECT HILL	
24D. LOCATION (City, town, or county) (State) Towson Md		24E. FUNERAL DIRECTOR PRATT & STRICKER		24F. ADDRESS 515	
DATE RECEIVED BY LOCAL REGISTRAR MAR 26 1953		REGISTRAR'S SIGNATURE Huntington		25. ADDRESS PRATT & STRICKER	



530
53 3050BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 53 3050

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

CHARLES NORMAN SMITH.

2. DATE
OF
DEATH

March 24/1953.

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR
INSTITUTION

Union Memorial Hospital

C. Length of stay in Baltimore

Yrs.
Mos.
Days

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE

B. COUNTY

Maryland

C. CITY OR TOWN

(If outside corporate limits, write RURAL and give township)

Baltimore

D. STREET ADDRESS (If rural, give location)

704 E. Arlington ave.

5. SEX

6. COLOR OR RACE

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

8. DATE OF BIRTH

9. AGE (In years
last birthday)10. Under 1 Year
Months: Days11. Under 24 Hours
Hours: Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

Chauffeur

10B. KIND OF BUSINESS OR
INDUSTRY

married

11. BIRTHPLACE (State or foreign country)

Maryland

12. CITIZEN OF
WHAT COUNTRY?

U.S.

13. FATHER'S NAME

Eugene Smith

14. MOTHER'S MAIDEN NAME

Ella Warfield

15. WAS DECEASED EVER IN U.S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)16. SOCIAL
SECURITY NO.

17. INFORMANT

ADDRESS

Mrs Sylvia Smiths (Same)

18. 420.1

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e.g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A)

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B)

DUE TO

(C)

OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

bleeding from internal tract due to ulceration cause.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒21A. ACCIDENT, SUICIDE,
HOMICIDE (Specify)21B. PLACE OF INJURY (e.g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID (If in Baltimore City, give exact location)
INJURY OCCUR?21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

WHILE AT ☐ NOT WHILE
WORK AT WORK22. I hereby certify that I attended the deceased from March 15, 1953, to March 24, 1953, that I last saw the
deceased alive on March 24, 1953, and that death occurred at 5:02 p.m., from the causes and on the date stated above.

23A. SIGNATURE

M. D.

23B. ADDRESS

23C. DATE SIGNED

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county) (State)

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

MAR 26 1953

Tunington Williams, Mauna P Hoffman 1639 Broadway

100

RECEIVED
OFFICE OF THE
ATTORNEY GENERAL



432
53 3051BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 53 3051

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

JACOB FALDICH

2. DATE
OF
DEATH

Mar. 25, 1953

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF (If not in hospital or institution, give street address or
HOSPITAL OR US Public Health Service location)
INSTITUTION Hospital

Wyman Pk. Drive & 31st Street

C. Length of stay in Baltimore

?

Yrs.
Mos.
Days4. USUAL RESIDENCE (Where deceased lived. If institution: residence
A. STATE Pa. B. COUNTY V-35 before admission)C. CITY OR TOWN (If outside corporate limits, write RURAL and give
Philadelphia township)

D. STREET ADDRESS (If rural, give location)

2526 Salmon Street

5. SEX

M

6. COLOR OR RACE

W

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

Single

8. DATE OF BIRTH

7/25/93

9. AGE (In years
last birthday)

59

If Under 1 Year
Months Days Hours Min.10A. USUAL OCCUPATION (Give kind of
work done during most of worklog life, even if retired)

Fireman

10B. KIND OF BUSINESS OR
INDUSTRY

seafarer

11. BIRTHPLACE (State or foreign country)

Italy

12. CITIZEN OF
WHAT COUNTRY?

USA

13. FATHER'S NAME

Marvin Faldich

14. MOTHER'S MAIDEN NAME

Frances ?

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or no known) (If yes, give war or dates of service)

No

16. SOCIAL
SECURITY NO.
198-07-1040

17. INFORMANT

ADDRESS

Records- US PHS Hospital, Balto, Md.

18. 162X

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e.g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)(A) Bronchogenic carcinoma right with
metastases to lymph nodes, kidney

10 mos.

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.(B) Purulent pericarditis
DUE TO Nephrosis, etiology undetermined
(C)

Recent

Recent

II
OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☒ NO ☐21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH21B. PLACE OF INJURY (e.g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID (If in Baltimore City, give exact location)
INJURY OCCUR?21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

WHILE AT ☐ NOT WHILE ☐
WORK AT WORK

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Jan. 21, 1953, to Mar. 25, 1953 that I last saw the
deceased alive on Mar. 25, 1953, and that death occurred at 6:55P m., from the causes and on the date stated above.

23A. SIGNATURE

J. A. Hunter
J.A. Hunter, Clinical Director

M. D.

23B. ADDRESS

US PHS Hospital, Balto, Md.

23C. DATE SIGNED

3/26/53

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county) (State)

Burial

3-30-1953

Holy Redeemer

Phila

Pa.

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

MAR 28 1953

Huntington Williams, M.D.

Wm. J. Fialkowski 2007 Eastern Ave

DEPARTMENT OF HEALTH
CERTIFICATE OF DEATH

DATE OF DEATH

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13-650
RJ75339 53 3052

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

53 3052

Registered No.

BIRTH NO.

1. NAME OF DECEASED (Type or Print)		Walter Brown		2. DATE OF DEATH March 24, 1953	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Maryland			
B. FULL NAME OF (If not in hospital or institution, give street address or location) Baltimore City Hospitals 4940 Eastern Avenue		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore			
C. Length of stay in Baltimore Life		D. STREET ADDRESS (If rural, give location) 1921 Division Street			
5. SEX M	6. COLOR OR RACE Negro	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Widowed	8. DATE OF BIRTH Aug. 25, 1878	9. AGE (In years last birthday) 72	
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10B. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) Maryland	
13. FATHER'S NAME John Brown (D)		14. MOTHER'S MAIDEN NAME Mary Ellen Lewis			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)		16. SOCIAL SECURITY NO.		17. INFORMANT B. C. H. 4940 Eastern Ave. (records)	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)		16. SOCIAL SECURITY NO.		ADDRESS	

18. 443X and E916.7 DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) Burns (A) DUE TO		CAUSE OF DEATH	INTERVAL BETWEEN ONSET AND DEATH
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. Hypertensive Cardio Vascular Disease (B) DUE TO			
(C)			
CERTIFICATION APPROVED BY <i>[Signature]</i> M. D. CHIEF OF ASST. MEDICAL EXAMINER			
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.			

19A. DATE OF OPERATION		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.) Baltimore City Hospital Bldg. Chronic		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) 3-23-53		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		21F. HOW DID INJURY OCCUR? Clothing set fire while smoking in bed	
22. I hereby certify that I attended the deceased from July 14, 1942 to Mar. 24, 1953 that I last saw the deceased alive on Mar. 24, 1953, and that death occurred at 4:30 pm., from the causes and on the date stated above.					
23A. SIGNATURE <i>[Signature]</i>		23B. ADDRESS 4940 Eastern Avenue		23C. DATE SIGNED 3-25-53	

24A. BURIAL, CREMATION, REMOVAL (Specify) Burial		24B. DATE Mar. 27, 1953		24C. NAME OF CEMETERY OR CREMATORY New Cathedral		24D. LOCATION (City, town, or county) (State) Baltimore, Md.	
DATE RECEIVED BY LOCAL REGISTRAR MAR 28 1953		REGISTRAR'S SIGNATURE <i>[Signature]</i>		25. FUNERAL DIRECTOR Halland Funeral Home		ADDRESS 1631 Spruill Hill Ave	

VS 150

Approved by Med. Examiner 3-24-53

N 949.2

MEDICAL CERTIFICATION

CERTIFICATE OF DEATH

DATE OF DEATH

TIME OF DEATH

PLACE OF DEATH

CITY OF DEATH

STATE OF DEATH

DECEASED'S NAME

DATE OF BIRTH

SEX OF DECEASED

EDUCATION

OCCUPATION

RELIGION

CAUSE OF DEATH

DATE OF DEATH

TIME OF DEATH

PLACE OF DEATH

CITY OF DEATH

STATE OF DEATH

DECEASED'S NAME

DATE OF BIRTH

SEX OF DECEASED

EDUCATION

OCCUPATION

RELIGION

CAUSE OF DEATH

DATE OF DEATH

TIME OF DEATH

PLACE OF DEATH

CITY OF DEATH

STATE OF DEATH

DECEASED'S NAME

DATE OF BIRTH

SEX OF DECEASED

EDUCATION

OCCUPATION

RELIGION

CAUSE OF DEATH

DATE OF DEATH

TIME OF DEATH

PLACE OF DEATH

CITY OF DEATH

STATE OF DEATH

DECEASED'S NAME

77-452
53 3053

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

53 3053

Registered No.

BIRTH NO.		1. NAME OF DECEASED (Type or Print)		2. DATE OF DEATH	
		Ida E. Williams		Mar. 23, 1953	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived, if institution: residence before admission) A. STATE Maryland B. COUNTY			
5. FULL NAME OF HOSPITAL OR INSTITUTION		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)			
2829 Remington Ave.		Baltimore 12-06			
c. Length of stay in Baltimore		D. STREET ADDRESS (If rural, give location)			
45 yrs.		2829 Remington Ave.			
5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years, last birthday)	
Female	Colored	Married	Apr. 16, 1887	65	
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10B. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country)	
Housewife		Home		Salinas Co. Cal.	
13. FATHER'S NAME		14. MOTHER'S MAIDEN NAME			
Charles Thornton		Unknown			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)		16. SOCIAL SECURITY NO.		17. INFORMANT	
				Mr. Alvin E. Williams	
				2829 Remington Ave.	
18. 442x I DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)		CAUSE OF DEATH		INTERVAL BETWEEN ONSET AND DEATH	
		(A) coronary occlusion		30 min.	
ANTECEDENT CAUSES		DUE TO atherosclerotic H.D.			
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.		(B)		Under	
		DUE TO Hypertensive cardiac vascular disease		Under	
		(C) Heart disease		Under	
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		Cholecystitis & lithiasis		Under	
19A. DATE OF OPERATION		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY?	
				YES <input type="checkbox"/> NO <input type="checkbox"/>	
21A. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT <input type="checkbox"/> WORK NOT WHILE <input type="checkbox"/> AT WORK		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from Mar 5, 1953, to Mar 23, 1953, that I last saw the deceased alive on Mar 23, 1953, and that death occurred at 12:30 p. m., from the causes and on the date stated above.					
23. SIGNATURE		23B. ADDRESS		23C. DATE SIGNED	
H. Harland Phinell		1038 Edmonson Ave.		3-26-53	
24A. BURIAL, CREMATION, REMOVAL (Specify)		24B. DATE		24C. NAME OF CEMETERY OR CREMATORY	
Burial		Mar. 26, 1953		Mt. Auburn	
24D. LOCATION (City, town, or county) (State)		25. FUNERAL DIRECTOR			
Baltimore, Md.		Harland Phinell			
DATE RECEIVED BY LOCAL REGISTRAR		REGISTRAR'S SIGNATURE		ADDRESS	
		Huntington Williams, Jr.		1631 Druid Hill Ave.	

MEDICAL CERTIFICATION

STATE OF NEW YORK
DEPARTMENT OF HEALTH
BUREAU OF VITAL RECORDS
CERTIFICATE OF DEATH

1. Name of Deceased		2. Sex		3. Age		4. Date of Death	
5. Place of Birth		6. Usual Residence		7. Cause of Death		8. Manner of Death	
9. Occupation		10. Education		11. Marital Status		12. Date of Marriage	
13. Name of Physician		14. Name of Funeral Home		15. Name of Burial Place		16. Date of Burial	
17. Name of Informant		18. Signature of Informant		19. Signature of Registrar		20. Date of Registration	

0-653
53 3054BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No.

53 3054

BIRTH NO.

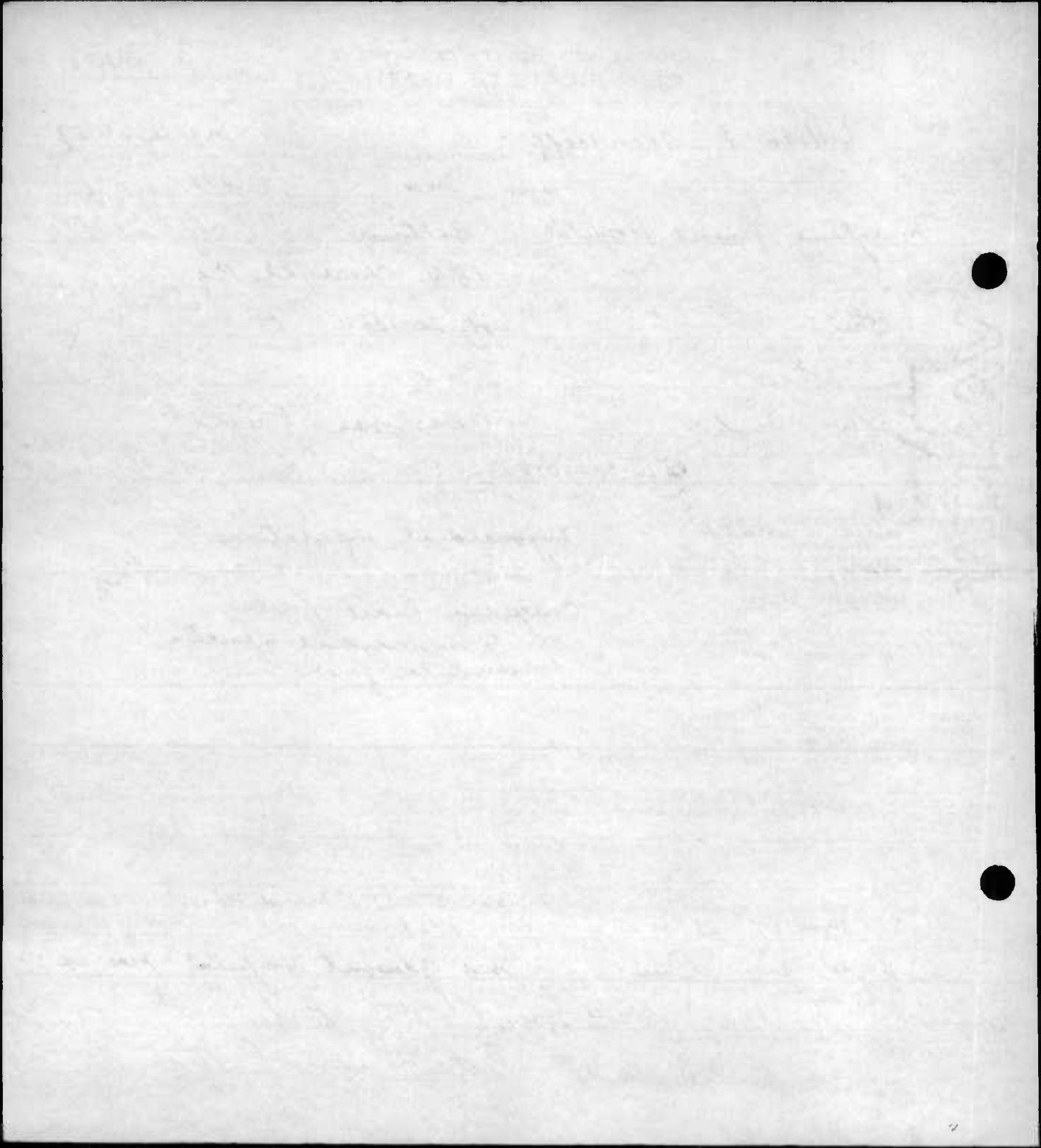
1. NAME OF DECEASED (Type or Print) <i>Lillian P. Orendorff</i>			2. DATE OF DEATH <i>March 24 '53</i>		
3. PLACE OF DEATH: <input checked="" type="checkbox"/> Baltimore City, Maryland			4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE <i>md.</i> B. COUNTY <i>Baltimore</i>		
5. FULL NAME OF HOSPITAL OR INSTITUTION <i>Maryland General Hospital</i>			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <i>Baltimore - 28 Catonsville</i>		
6. Length of stay in Baltimore <i>life</i>			D. STREET ADDRESS (If rural, give location) <i>184 Cherrydel Rd. 5352</i>		
5. SEX <i>F.</i>	6. COLOR OR RACE <i>white</i>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <i>WIDOWED</i>	8. DATE OF BIRTH <i>Sept. 20 '1884</i>	9. AGE (in years last birthday) <i>68</i>	10. Under 1 Year Months: Days: Hours: Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>Practical Nurse</i>			10B. KIND OF BUSINESS OR INDUSTRY		
11. FATHER'S NAME <i>Christopher Fisher</i>			12. CITIZEN OF WHAT COUNTRY? <i>U.S.A.</i>		
13. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) <i>no</i>			14. MOTHER'S MAIDEN NAME <i>Clarrissa Knight</i>		
15. SOCIAL SECURITY NO. <i>3-19-30-7818</i>			16. INFORMANT <i>Rd. Catonsville, Md. Mrs. Beatrice Raley - 184 Cherrydel</i>		

18. <i>420.1</i> DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)		CAUSE OF DEATH		INTERVAL BETWEEN ONSET AND DEATH	
ANTECEDENT CAUSES		(A) <i>myocardial infarction</i>			
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.		(B) <i>congestive heart failure</i>			
		(C) <i>due to myocardial infarction + atricular fibrillation</i>			
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.					

19A. DATE OF OPERATION <i>0</i>		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH <input type="checkbox"/>		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from <i>March 5, 1953</i> , to <i>March 24, 1953</i> , that I last saw the deceased alive on <i>Mar. 24, 1953</i> , and that death occurred at <i>7:15 P.m.</i> , from the causes and on the date stated above.					
23A. SIGNATURE <i>Joe - Joe Liu</i>		23B. ADDRESS <i>md. General Hospital</i>		23C. DATE SIGNED <i>Mar. 24 '53</i>	
24A. BURIAL, CREMATION, REMOVAL (Specify) <i>Burial</i>		24B. DATE <i>3/28/53</i>		24C. NAME OF CEMETERY OR CREMATORY <i>St. Johns Cemetery</i>	
24D. LOCATION (City, town, or county) <i>Ellicott City, Md.</i>		24E. FUNERAL DIRECTOR <i>Easton Sons</i>		24F. ADDRESS <i>Catonsville, Md.</i>	

MAR 28 1953

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53 3055

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

53 3055
Registered No.

BIRTH NO.

1. NAME OF DECEASED (Type or Print) <i>Emma Drummond Savage</i>			2. DATE OF DEATH <i>3/23/53</i>		
3. PLACE OF DEATH: A. Baltimore City, Maryland <i>Balto, Md</i>			4. USUAL RESIDENCE (Where deceased lived, If institution: residence before admission) A. STATE <i>Md</i> B. COUNTY		
B. FULL NAME OF (If not in hospital or institution, give street address or location) <i>University Hosp</i>			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <i>Balto 22-02</i>		
C. Length of stay in Baltimore Yrs. Mos. Days			D. STREET ADDRESS (If rural, give location) <i>824 Warner St</i>		
5. SEX <i>#</i>	6. COLOR OR RACE <i>C</i>	7. SINGLE MARRIED, WIDOWED, DIVORCED (Specify) <i>WIDOWED</i>	8. DATE OF BIRTH <i>6-10-1937</i>	9. AGE (in years last birthday) <i>25</i>	If Under 1 Year Months: Days If Under 24 Hours Hours: Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>housewife</i>		10B. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) <i>Balto, Maryland</i>		12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME <i>William Savage</i>			14. MOTHER'S MAIDEN NAME <i>Ellen Young</i>		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.	17. INFORMANT ADDRESS <i>William Savage - 824 Warner St</i>		

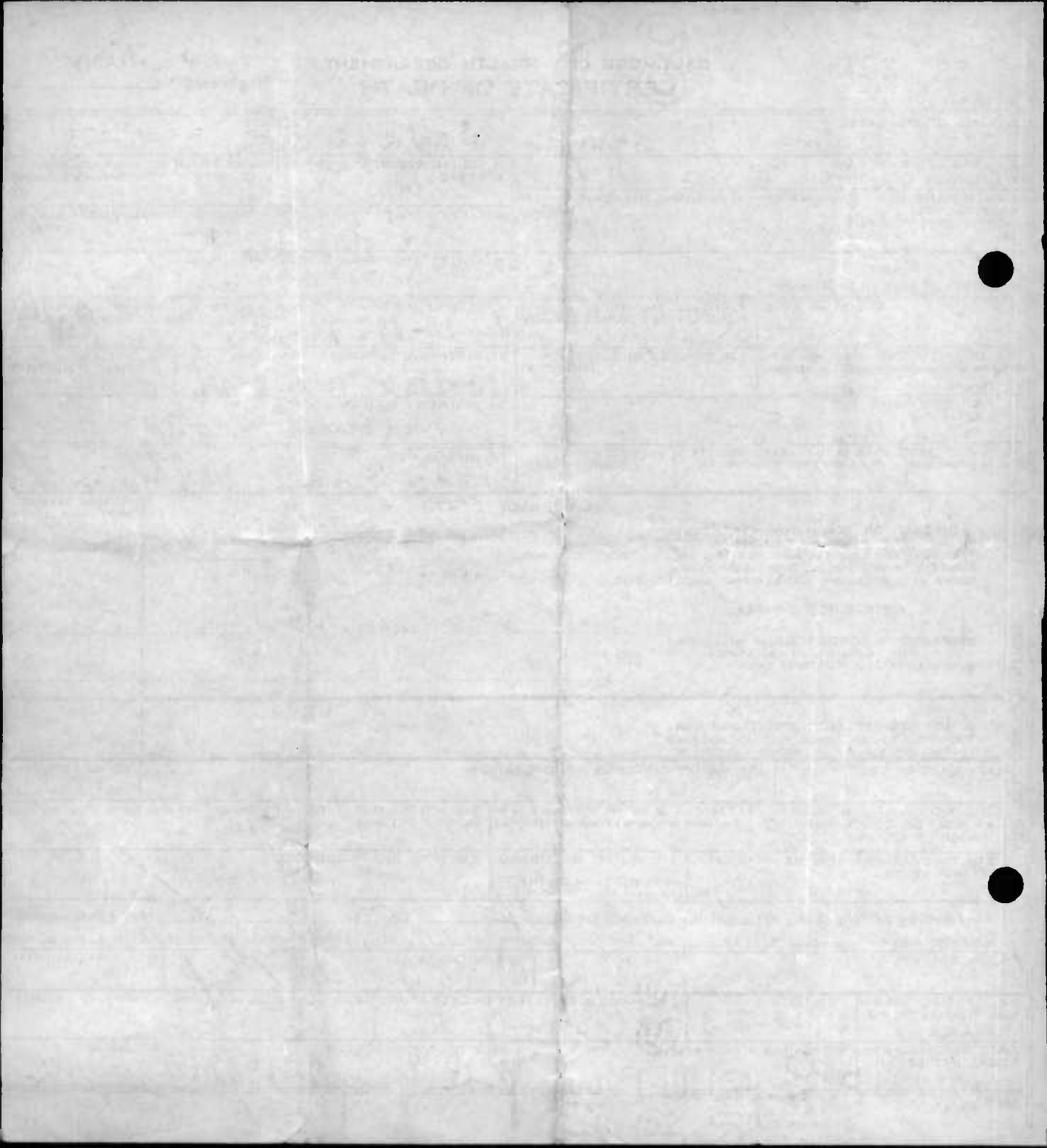
18. <i>592X</i> DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)		CAUSE OF DEATH		INTERVAL BETWEEN ONSET AND DEATH	
(A) DUE TO		<i>uremia, Chronic glomerulonephritis</i>		<i>?</i>	
ANTECEDENT CAUSES		(B) DUE TO		<i>chronic hemorrhage</i>	
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.		(C) DUE TO		<i>2 weeks</i>	
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.					

19A. DATE OF OPERATION <i>0</i>		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21A. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH	21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)			
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY	21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21F. HOW DID INJURY OCCUR?			

22. I hereby certify that I attended the deceased from *3/20*, 19*53* to *3/23*, 19*53*, that I last saw the deceased alive on *3/23*, 19*53* and that death occurred at *1 P* m., from the causes and on the date stated above.

23A. SIGNATURE <i>H. Raskin M.D.</i>		23B. ADDRESS <i>University Hosp</i>		23C. DATE SIGNED <i>3/23</i>	
24A. BURIAL, CREMATION, REMOVAL (Specify) <i>Burial</i>	24B. DATE <i>3-28-53</i>	24C. NAME OF CEMETERY OR CREMATORY <i>Mt. Calvary Cemetery</i>	24D. LOCATION (City, town, or county) (State)		
DATE RECEIVED BY LOCAL REGISTRAR <i>26 1953</i>	REGISTRAR'S SIGNATURE <i>Huntington Williams, M.D.</i>	25. FUNERAL DIRECTOR <i>W. B. Bonizzo</i>		ADDRESS <i>139 W. Hamburg St</i>	

MEDICAL CERTIFICATION



**BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH**

53 3056
Registered No. _____

BIRTH NO. _____

1. NAME OF DECEASED (Type or Print) IMOCENE TOWNSLEY			2. DATE OF DEATH 9-24-53		
3. PLACE OF DEATH: A. Baltimore City, Maryland BALTIMORE MD.			4. USUAL RESIDENCE (Where deceased lived, if institution: residence before admission) A. STATE MD. B. COUNTY _____		
B. FULL NAME OF (If not in hospital or institution, give street address or location) FRANKLIN SQUARE HOSP.			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) BALTIMORE 20-04		
C. Length of stay in Baltimore Yrs. _____ Mos. _____ Days _____			D. STREET ADDRESS (If rural, give location) 2573 W. BALTIMORE ST.		
5. SEX F	6. COLOR OR RACE W.	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) WIDOWED	8. DATE OF BIRTH 12-12-1896		9. AGE (In years last birthday) 76
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) HOUSE WIFE		10B. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) NEW JERSEY		12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME ? DIVERTY			14. MOTHER'S MAIDEN NAME ?		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.	17. INFORMANT ADDRESS J. M. TOWNSLEY 3735 JUPPA ROAD		

18. 332X I DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.		CAUSE OF DEATH (A) Cerebral thrombosis DUE TO (B) Arteriosclerosis, generalized DUE TO (C) High blood pressure	INTERVAL BETWEEN ONSET AND DEATH 1 year 1 year 1 year
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.			

19A. DATE OF OPERATION 0		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21A. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH		21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT <input type="checkbox"/> WORK NOT WHILE <input type="checkbox"/> AT WORK		21F. HOW DID INJURY OCCUR?	

22. I hereby certify that I attended the deceased from **March 1, 1952** to **Oct. 24, 1952**, that I last saw the deceased alive on **Oct. 24, 1952**, and that death occurred at **5:45 pm.**, from the causes and on the date stated above.

23A. SIGNATURE Gilbert E. Rudman M. D.		23B. ADDRESS 2517 W. Balto. St.		23C. DATE SIGNED 3/26/53	
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24A. BURIAL, CREMATION, REMOVAL (Specify) BURIAL	24B. DATE 3-27-53	24C. NAME OF CEMETERY OR CREMATORY CEDAR HILL	24D. LOCATION (City, town, or county) (State) BALTIMORE MD.
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DATE RECEIVED BY LOCAL REGISTRAR	REGISTRAR'S SIGNATURE Huntington Williams, M.D.	25. FUNERAL DIRECTOR ADDRESS 1st Cook & Son, 1217 St. Paul St.
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VS 150 1953

MEDICAL CERTIFICATION

MINNESOTA DEPARTMENT OF HEALTH
CERTIFICATE OF DEATH

1. Name of Deceased		2. Sex		3. Age		4. Date of Death	
5. Place of Birth		6. Usual Residence		7. Cause of Death		8. Manner of Death	
9. Occupation		10. Education		11. Marital Status		12. Date of Burial	
13. Name of Physician		14. Name of Funeral Home		15. Name of Undertaker		16. Name of Burial Place	
17. Name of Coroner		18. Name of Medical Examiner		19. Name of Pathologist		20. Name of Anatomist	
21. Name of Registrar		22. Name of Clerk		23. Name of Assistant		24. Name of Stenographer	
25. Name of Nurse		26. Name of Doctor		27. Name of Surgeon		28. Name of Specialist	
29. Name of Hospital		30. Name of Clinic		31. Name of Office		32. Name of Home	
33. Name of School		34. Name of Church		35. Name of Synagogue		36. Name of Mosque	
37. Name of Temple		38. Name of Shrine		39. Name of Monastery		40. Name of Convent	
41. Name of Abbey		42. Name of Priory		43. Name of Nunnery		44. Name of Hermitage	
45. Name of Retreat		46. Name of Seclusion		47. Name of Solitude		48. Name of Silence	
49. Name of Quietude		50. Name of Tranquility		51. Name of Peace		52. Name of Harmony	
53. Name of Concord		54. Name of Union		55. Name of Fellowship		56. Name of Brotherhood	
57. Name of Sisterhood		58. Name of Community		59. Name of Society		60. Name of Association	
61. Name of Club		62. Name of League		63. Name of Order		64. Name of Fraternity	
65. Name of Sorority		66. Name of Guild		67. Name of Lodge		68. Name of Chapter	
69. Name of Chapter		70. Name of Chapter		71. Name of Chapter		72. Name of Chapter	
73. Name of Chapter		74. Name of Chapter		75. Name of Chapter		76. Name of Chapter	
77. Name of Chapter		78. Name of Chapter		79. Name of Chapter		80. Name of Chapter	
81. Name of Chapter		82. Name of Chapter		83. Name of Chapter		84. Name of Chapter	
85. Name of Chapter		86. Name of Chapter		87. Name of Chapter		88. Name of Chapter	
89. Name of Chapter		90. Name of Chapter		91. Name of Chapter		92. Name of Chapter	
93. Name of Chapter		94. Name of Chapter		95. Name of Chapter		96. Name of Chapter	
97. Name of Chapter		98. Name of Chapter		99. Name of Chapter		100. Name of Chapter	

G 632 3057

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 53-3057

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Gustav Groszer

2. DATE
OF
DEATH

3-25-1953

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived, If institution: residence before admission)

A. STATE

B. COUNTY

Maryland

Howard

B. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR
INSTITUTION

ST. Agnes Hospital

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Elkridge, Box 246

D. STREET ADDRESS (If rural, give location)

6300

C. Length of stay in Baltimore

45 yrs.

Yrs.
Mos.
Days

5. SEX

6. COLOR OR RACE

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

8. DATE OF BIRTH

9. AGE (In years
last birthday)If Under 1 Year
Months: Days
If Under 24 Hours
Hours: Min.

male

white

married

1-22-1889

64

10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

Mech

10B. KIND OF BUSINESS OR
INDUSTRY

GENERAL MOTORS

11. BIRTHPLACE (State or foreign country)

CZECHOSLOVAKIA

12. CITIZEN OF
WHAT COUNTRY?

U.S.A.

13. FATHER'S NAME

Angels

14. MOTHER'S MAIDEN NAME

15. WAS DECEASED EVER IN U.S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)16. SOCIAL
SECURITY NO.
218-26-1078

17. INFORMANT

ADDRESS

MARY E. GROSZER ELKBRIDGE, BOX 246

18. 201X

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e.g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)(A) Lymphomatosis
DUE TO Hodgkins disease

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.(B)
DUE TO
(C)II
OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH21B. PLACE OF INJURY (e.g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID (If in Baltimore City, give exact location)
INJURY OCCUR?21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

WHILE AT ☐ NOT WHILE ☐
WORK AT WORK22. I hereby certify that I attended the deceased from 3-15-1953 to 3-25-1953 that I last saw the
deceased alive on 3-25-1953 and that death occurred at 3:45 A.M., from the causes and on the date stated above.

23A. SIGNATURE

George L. H. H.

M. D.

23B. ADDRESS

St. Agnes Hospital 3-25-53

23C. DATE SIGNED

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county)

(State)

BURIAL
P4R1A

3/28/53

Mt. Zion

DORSEY

MD.

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

Joseph J. Ambrose 1325 Calhoun St. Rd.

VS 150 1953 Huntington Williams, MD.

55083

MEDICAL CERTIFICATION

**BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH**

53 3058

Registered No.

BIRTH NO.

1. NAME OF DECEASED (Type or Print) <i>Ella May Zucker</i>			2. DATE OF DEATH <i>3/23/53</i>		
3. PLACE OF DEATH: A. Baltimore City, Maryland			4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE <i>Md.</i> B. COUNTY <i>10-01</i>		
B. FULL NAME OF (If not in hospital or institution, give street address or location) <i>1211 E. Chase St</i>			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <i>Baltimore</i>		
C. Length of stay in Baltimore <i>43</i>			D. STREET ADDRESS (If rural, give location) <i>1211 E. Chase St.</i>		
5. SEX <i>F</i>	6. COLOR OR RACE <i>W.</i>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <i>Married</i>	8. DATE OF BIRTH <i>March 14, 1910</i>	9. AGE (In years last birthday) <i>43</i>	If Under 1 Year Months: Days: If Under 24 Hours Hours: Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>Housewife</i>			10B. KIND OF BUSINESS OR INDUSTRY <i>Home</i>		
11. BIRTHPLACE (State or foreign country) <i>Baltimore</i>			12. CITIZEN OF WHAT COUNTRY?		
13. FATHER'S NAME <i>John B. Shultz</i>			14. MOTHER'S MAIDEN NAME <i>Margaret Shultz</i>		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)			16. SOCIAL SECURITY NO.		
17. INFORMANT <i>Robert E. Zucker</i>			ADDRESS <i>1211 E. Chase St.</i>		

CAUSE OF DEATH

I <i>420.1</i> DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.	(A) <i>Acute Coronary infection</i> DUE TO (B) <i>Ch. Coronary artery disease</i> DUE TO (C)	INTERVAL BETWEEN ONSET AND DEATH
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		

19A. DATE OF OPERATION <i>0</i>		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH <input type="checkbox"/>		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from <i>3/21</i> , 19 <i>53</i> , to <i>3/22</i> , 19 <i>53</i> , that I last saw the deceased alive on <i>3/22</i> , 19 <i>53</i> and that death occurred at <i>4A</i> m., from the causes and on the date stated above.					
22A. SIGNATURE <i>A. H. Hornstein</i>		M. D. <i>204 E. Broad St.</i>		23C. DATE SIGNED <i>3/25/53</i>	
24A. BURIAL, CREMATION, REMOVAL (Specify) <i>Burial</i>		24B. DATE <i>3/27/53</i>		24C. NAME OF SEMETERY OR CREMATORY <i>Landon H. Cem.</i>	
24D. LOCATION (City, town, or county) <i>Baltimore</i>		24E. LOCATION (State) <i>Md.</i>		25. FUNERAL DIRECTOR <i>W. Conklin</i>	
DATE RECEIVED BY LOCAL REGISTRAR <i>MAR 26 1953</i>		REGISTRAR'S SIGNATURE <i>Huntington</i>		ADDRESS <i>5444 Belair Rd.</i>	

CERTIFICATE OF DEATH

2588

Cause of Death

1. Immediate Cause
2. Intermediate Cause
3. Remote Cause

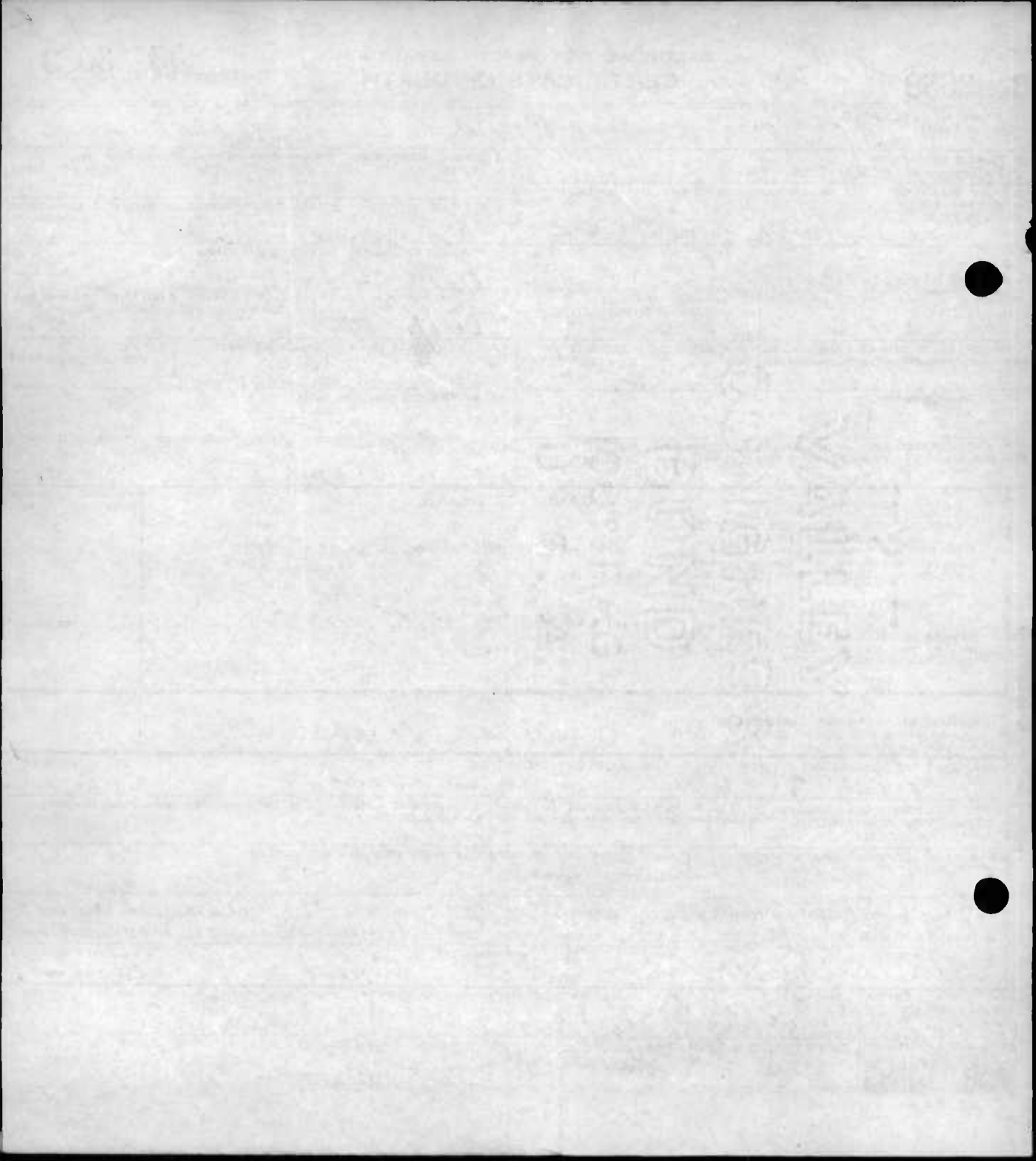
4. Manner of Death
5. Place of Death

6. Date of Death
7. Time of Death

8. Signature of Registrar
9. Signature of Medical Officer

10. Signature of Coroner
11. Signature of Police Officer

63 3 3059		BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH		X Registered No. 53 3059	
1. NAME OF DECEASED (Type or Print) JACOB GERHART		2. DATE OF DEATH 26 March '53			
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived, If institution: residence before admission) A. STATE Md. B. COUNTY Baltimore			
B. FULL NAME OF HOSPITAL OR INSTITUTION Sinai Hosp. of Balt., Inc.		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore Md. - Orleans			
C. Month of stay in Baltimore 28 yrs		D. STREET ADDRESS (If rural, give location) 7919 E. 35th St. 5300			
5. SEX m	6. COLOR OR RACE w	7. SINGLE/MARRIED, WIDOWED, DIVORCED (Specify) married	8. DATE OF BIRTH Oct 1/1894	9. AGE (In years last birthday) 58	10 Under 1 Year Months Days
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Carpenter		10B. KIND OF BUSINESS OR INDUSTRY		11. BIRTH PLACE (State or foreign country) Fort Worth Texas	12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME Jacob Gephart		14. MOTHER'S MAIDEN NAME Emma		15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, No or unknown)	
16. SOCIAL SECURITY NO. 212-12-6409		17. INFORMANT Caroline Gephart		ADDRESS 7919 35th St.	
18. 581.0 and 260X DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)		CAUSE OF DEATH		INTERVAL BETWEEN ONSET AND DEATH	
ANTECEDENT CAUSES		(A) Bleeding esophageal varicosis			
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.		(B) cirrhosis of liver			
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		C) Sialadenitis Mellitus			
19A. DATE OF OPERATION 25 March '53		19B. MAJOR FINDINGS OF OPERATION Bleeding esophageal varicosis		20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from 3/24/53 19, to 3/26/53 19, that I last saw the deceased alive on 3/26/53 19, and that death occurred at 225 A. M., from the causes and on the date stated above.					
23A. SIGNATURE Horace W. Burnton		23B. ADDRESS Sinai Hosp of Balt		23C. DATE SIGNED 26 March '53	
24A. BURIAL, CREMATION, REMOVAL (Specify) Burial		24B. DATE 3/28/53		24C. NAME OF CEMETERY OR CREMATORY Parkwood	
24D. LOCATION (City, town, or county) Baltimore		24E. FUNERAL DIRECTOR Philip Henry Sons		24F. ADDRESS 2024	
DATE RECEIVED BY LOCAL REGISTRAR MAR 26 1953		REGISTRAR'S SIGNATURE Huntington Williams, M.D.		VS 150	



AB-159817

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATHRegistered No. **53 3060**BIRTH NO. **3060**

1. NAME OF DECEASED (Type or Print) (Lelia) Lelar Jackson			2. DATE OF DEATH March 24-1953		
3. PLACE OF DEATH: A. Baltimore City, Maryland			4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Maryland B. COUNTY		
B. FULL NAME OF (If not in hospital or institution, give street address or location) Baltimore City Hospitals 4940 Eastern Ave.			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore		
c. Length of stay in Baltimore 23yrs			D. STREET ADDRESS (If rural, give location) 1903 W. Mulberry St. zone 23		
5. SEX F	6. COLOR OR RACE N	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Separated	8. DATE OF BIRTH Sept. 12-1898	9. AGE (In years last birthday) 54	If Under 1 Year Months: Days If Under 24 Hours Hours: Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10B. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) S.C.		12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME Manuel (Manus) Rabb			14. MOTHER'S MAIDEN NAME Nancy Herman		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.	17. INFORMATION ADDRESS Baltimore City Hospitals Records: 4940 Eastern Ave.		

18. 331X DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) I Coronary Occlusion DUE TO Cerebral Vascular Accident DUE TO II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.	CAUSE OF DEATH	INTERVAL BETWEEN ONSET AND DEATH 2min. 4mo.
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19A. DATE OF OPERATION 7-25-52		19B. MAJOR FINDINGS AT OPERATION Below the knee amputation-Gangrene of foot		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21A. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING CAUSE OF DEATH <input type="checkbox"/>		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from 6-5- , 19 52 to 3-24- , 19 53 that I last saw the deceased alive on 3-24- , 19 53 , and that death occurred at 5.30A m., from the causes and on the date stated above.					
23A. SIGNATURE <i>Huntington Williams</i>		23B. ADDRESS 4940 Eastern Ave. Baltimore, Md.		23C. DATE SIGNED 3-24-53	
24A. BURIAL, CREMATION, REMOVAL (Specify) Burial		24B. DATE 3/28/53.		24C. NAME OF CEMETERY OR CREMATORY Mt. Auburn Cemetery	
24D. LOCATION (City, town, or county) Baltimore Md.		24E. FUNERAL DIRECTOR William A. Jackson		24F. ADDRESS 916 Penna ave	

10-1-1917

CERTIFICATE OF DEATH

10-1-1917

Name of Deceased		Date of Birth		Sex	
John Doe		10-1-1917		Male	
Place of Birth		Date of Death		Time of Death	
New York City		10-1-1917		10:00 AM	
Cause of Death		Disease		Organ	
Heart Disease		Coronary Artery Disease		Heart	
Duration of Illness		Place of Death		Occupation	
10 Days		Home		None	
Signature of Physician		Signature of Registrar		Signature of Witness	
[Signature]		[Signature]		[Signature]	
Name of Physician		Name of Registrar		Name of Witness	
John Doe		John Doe		John Doe	
Address		Address		Address	
100 Main St		100 Main St		100 Main St	
City		City		City	
New York		New York		New York	
State		State		State	
New York		New York		New York	
Country		Country		Country	
USA		USA		USA	

CERTIFICATE CORRECTED /13/53 ES

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

53 3061

Registered No.

D-655
53 3061

1. NAME OF DECEASED (Type or Print) Handy T. DRUMMOND			2. DATE OF DEATH March 23, 1953		
3. PLACE OF DEATH: A. Baltimore City, Maryland Balto. City			4. USUAL RESIDENCE (Where deceased lived. If institution; residence before admission) A. STATE Maryland B. COUNTY		
B. FULL NAME OF HOSPITAL OR INSTITUTION University Hospital			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore		
c. Length of stay in Baltimore 20 Yrs.			D. STREET ADDRESS (If rural, give location) 631 Houser Street		
5. SEX Male	6. COLOR OR RACE Colored	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Single	8. DATE OF BIRTH Feb-15-12		9. AGE (in years last birthday) 41
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Laborer		10B. KIND OF BUSINESS OR INDUSTRY In General	11. BIRTHPLACE (State or foreign country) Accomac Va.		12. CITIZEN OF WHAT COUNTRY U.S.A.
13. FATHER'S NAME Thomas Drummond			14. MOTHER'S MAIDEN NAME Lela Hack		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) No		16. SOCIAL SECURITY NO.	17. INFORMANT ADDRESS Minnie Cunningham 636 Barrie St		
18. 322.0 I DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) Acute Alcoholism Chronic bronchial asthma DUE TO ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. DUE TO OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. Acute Alcoholism			INTERVAL BETWEEN ONSET AND DEATH		
19A. DATE OF OPERATION		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
21A. EXTERNAL CAUSE WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH.		21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT <input type="checkbox"/> WORK NOT WHILE <input type="checkbox"/> AT WORK		21F. HOW DID INJURY OCCUR?	
22. I certify that I took charge of the remains described above, held an autopsy thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes <input checked="" type="checkbox"/> , accident <input type="checkbox"/> , suicide <input type="checkbox"/> , homicide <input type="checkbox"/> , undetermined <input type="checkbox"/> .					
23A. SIGNATURE J. H. Fisher		23B. CHIEF MEDICAL EXAMINER <input checked="" type="checkbox"/> ASSISTANT MEDICAL EXAMINER <input type="checkbox"/> MEDICAL INVESTIGATOR <input type="checkbox"/>		23C. DATE SIGNED March 24, 1953	
24A. BURIAL, CREMATION, REMOVAL (Specify) Burial		24B. DATE Mar. 28/53		24C. NAME OF CEMETERY OR CREMATORY mt Calvary	
24D. LOCATION (City, town, or county) (State) Brooklyn Md.		25. FUNERAL DIRECTOR ADDRESS Elroy O. Wilson			
DATE RECEIVED BY LOCAL REGISTRAR MAR 26 1953		REGISTRAR'S SIGNATURE Huntington Williams		25. FUNERAL DIRECTOR ADDRESS 1000 Brantley	

See directive from Chief Medical Examiner
in Document File

**BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH**

Registered No. **53 3062**

BIRTH NO. 53 450 3062		1. NAME OF DECEASED (Type or Print) JOHN BERNARD MULLIN		2. DATE OF DEATH MARCH 24, 1953	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE MARYLAND B. COUNTY BALTIMORE			
B. FULL NAME OF HOSPITAL OR INSTITUTION VA HOSPITAL BALTIMORE 18, MD.		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) BALTIMORE			
C. Length of stay in Baltimore 66 YEARS		D. STREET ADDRESS (If rural, give location) 16 SOUTH BENKERT AVENUE			
5. SEX MALE	6. COLOR OR RACE WHITE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) MARRIED		8. DATE OF BIRTH 11/11/1886	9. AGE (In years last birthday) 66
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) CANDY MAKER		10B. KIND OF BUSINESS OR INDUSTRY CANDY MAKING		11. BIRTHPLACE (State or foreign country) BALTIMORE, MARYLAND	
12. CITIZEN OF WHAT COUNTRY? U.S.A.		13. FATHER'S NAME PATRICK MULLIN		14. MOTHER'S MAIDEN NAME ANNA J. McKENNA	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) YES		16. SOCIAL SECURITY NO. 218-09-8148		17. INFORMANT ADDRESS VA HOSPITAL RECORDS VAH, BALTO., 18, MD.	
18. 162X DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthma, etc. It means the disease, injury or complication which caused death.) CAUSE OF DEATH Undifferentiated CARCINOMA, RIGHT LUNG, WITH GENERALIZED METASTASIS		INTERVAL BETWEEN ONSET AND DEATH UNKNOWN			
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.					
19A. DATE OF OPERATION 2		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
21A. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING CAUSE OF DEATH <input type="checkbox"/>		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) VA		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from 1/28 , 19 53 to 3/24 , 19 53 , and that death occurred at 11:30 p.m. , from the causes and on the date stated above.					
23A. SIGNATURE Dorence L. Ensberg		23B. ADDRESS VAH, BALTIMORE 18, MD.		23C. DATE SIGNED 3/24/53	
24A. BURIAL, CREMATION, REMOVAL (Specify) Burial		24B. DATE 3/30/53		24C. NAME OF CEMETERY OR CREMATORY Baltimore Hall	
24D. LOCATION (City, town, or county) Balto		24E. REGISTRAR'S SIGNATURE Huntington Williams		24F. FUNERAL DIRECTOR Mildred J. Blight	
24G. ADDRESS OF LOCAL REGISTRAR 690 45		24H. ADDRESS OF FUNERAL DIRECTOR 6009 Harford Rd			

MEDICAL CERTIFICATION

CERTIFICATE OF DEATH

WILLIAM H. HARRIS

WILLIAM H. HARRIS

WILLIAM H. HARRIS

WILLIAM H. HARRIS

WILLIAM H. HARRIS

WILLIAM H. HARRIS

WILLIAM H. HARRIS

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WILLIAM H. HARRIS

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WILLIAM H. HARRIS

WILLIAM H. HARRIS

WILLIAM H. HARRIS

WILLIAM H. HARRIS

523
53 3063

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

53 3063
Registered No.

1. NAME OF DECEASED (Type or Print) <i>Louise Winston</i>			2. DATE OF DEATH <i>3-24-53</i>		
3. PLACE OF DEATH: A. Baltimore City, Maryland			4. USUAL RESIDENCE (Where deceased lived, If institution: residence before admission) A. STATE <i>Maryland</i> COUNTY <i>20</i>		
B. FULL NAME OF HOSPITAL OR INSTITUTION <i>Mercy Hospital</i>			C. CITY OR TOWN <i>Baltimore</i>		
C. Length of stay in Baltimore <i>40</i> Yrs. Mos. Days			D. STREET ADDRESS (If rural, give location) <i>529 Kirby Lane #23</i>		
5. SEX <i>F</i>	6. COLOR OR RACE <i>C</i>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <i>Married</i>	8. DATE OF BIRTH <i>12-6-1912</i>	9. AGE (In years last birthday) <i>40</i>	If Under 1 Year Months: Days If Under 24 Hours Hours Min.
10A. USUAL OCCUPATION (Give kind of work done during most of worklog life, even if retired) <i>Housewife</i>			11. BIRTHPLACE (State or foreign country) <i>Maryland</i>		12. CITIZEN OF WHAT COUNTRY? <i>U.S.</i>
13. FATHER'S NAME <i>Henry Roy</i>			14. MOTHER'S MAIDEN NAME <i>Louise</i>		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) <i>No</i>			16. SOCIAL SECURITY NO. <i>1</i>		
17. INFORMANT <i>Emmett Winston</i>			ADDRESS <i>529 Kirby Lane</i>		
18. <i>442x</i> I DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) <i>Hyper-tensive Cardio-Vascular Renal Disease</i> CAUSE OF DEATH (A) <i>Hyper-tensive Cardio-Vascular Renal Disease</i> DUE TO (B) <i>240</i> (C) <i>240</i> INTERVAL BETWEEN ONSET AND DEATH <i>240</i>					
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.					
19A. DATE OF OPERATION <i>0</i>		19B. MAJOR FINDINGS OF OPERATION			20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
21A. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT <input type="checkbox"/> WORK NOT WHILE <input type="checkbox"/> AT WORK		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from <i>2-22</i> , 19 <i>52</i> , to <i>3-24</i> , 19 <i>53</i> , that I last saw the deceased alive on <i>3-24</i> , 19 <i>53</i> , and that death occurred at <i>5:10</i> m., from the causes and on the date stated above.					
23A. SIGNATURE <i>Charles R. Ireland</i>		23B. ADDRESS <i>Maryland</i>		23C. DATE SIGNED <i>3-24-53</i>	
24A. BURIAL, CREMATION, REMOVAL (Specify) <i>Burial</i>		24B. DATE <i>March 27/53</i>		24C. NAME OF CEMETERY OR CREMATORY <i>Mt. Calvary Cem.</i>	
24D. LOCATION (City, town, or county) <i>Q. Q. County Md.</i>		24E. REGISTRAR'S SIGNATURE <i>Huntington Williams, M.D.</i>		24F. FUNERAL DIRECTOR <i>Mrs. C. A. Ellison Dyl</i>	
24G. DATE RECEIVED BY LOCAL REGISTRAR <i>MAR 26 1953</i>		24H. ADDRESS <i>1129 N. Caroline St.</i>			

MEDICAL CERTIFICATION

**BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH**

53 3064
Registered No.

BIRTH NO.

1. NAME OF DECEASED (Type or Print) H. Roberta Preston			2. DATE OF DEATH 3/26/53		
3. PLACE OF DEATH: A. Baltimore City, Maryland			4. USUAL RESIDENCE (Where deceased lived. If institution, residence before admission) A. STATE Md. B. COUNTY		
B. FULL NAME OF HOSPITAL OR INSTITUTION Lutheran Hospital			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Balto.		
c. Length of stay in Baltimore Yrs. Mos. Days			D. STREET ADDRESS (If rural, give location) 2200 Garrison Blvd		
5. SEX F	6. COLOR OR RACE W	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) S	8. DATE OF BIRTH 4/28/80		9. AGE (In years last birthday) 72
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Never Worked		10B. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) Md.	
13. FATHER'S NAME Edward D. Preston			12. CITIZEN OF WHAT COUNTRY? USA		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) no		16. SOCIAL SECURITY NO. none		17. INFORMANT ADDRESS Miss Susan Preston-2208 Garrison Blvd.	

MEDICAL CERTIFICATION

18. 443X DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) CAUSE OF DEATH (A) cerebral hemorrhage DUE TO (B) hypertensive arterio-sclerotic cardiac vascular disease DUE TO (C)		INTERVAL BETWEEN ONSET AND DEATH
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		

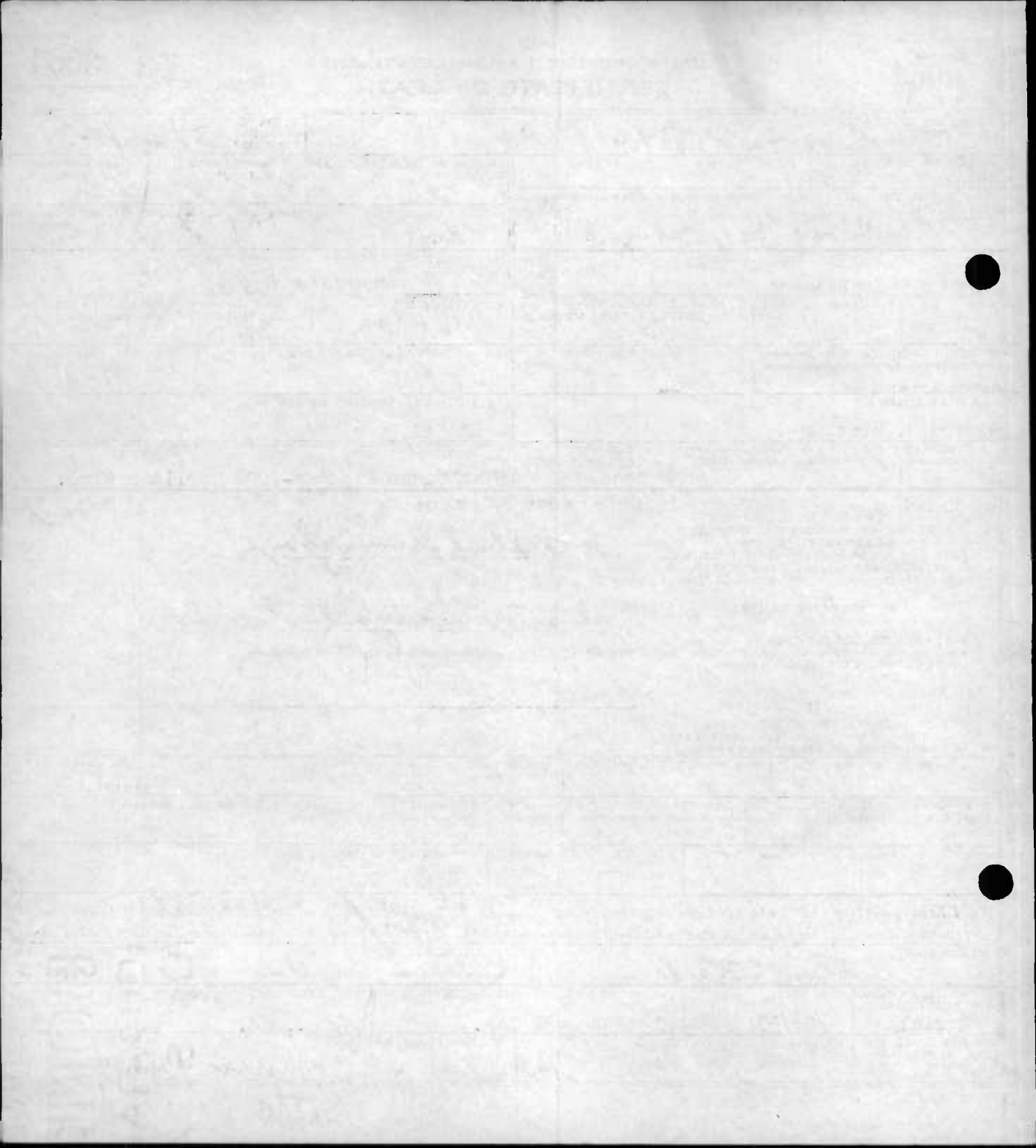
19A. DATE OF OPERATION 0		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)	21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)		
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY	21E. INJURY OCCURRED m. WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21F. HOW DID INJURY OCCUR?		

22. I hereby certify that I attended the deceased from **3/22, 1953**, to **3/26, 1953**, that I last saw the deceased alive on **3/26, 1953**, and that death occurred at **4:30A.** m., from the causes and on the date stated above.

23A. SIGNATURE Franklin L. Keller M. D.	23B. ADDRESS Lutheran Hospital	23C. DATE SIGNED 3/26/53
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24A. BURIAL, CREMATION, REMOVAL (Specify) Burial	24B. DATE 3/28/53	24C. NAME OF CEMETERY OR CREMATORY Loudon Park Cem.	24D. LOCATION (City, town, or county) (State) Balto., Md.
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DATE RECEIVED BY LOCAL REGISTRAR MAR 26 1953	REGISTRAR'S SIGNATURE Huntington Williams, M.D.	25. FUNERAL DIRECTOR Wm. J. Vickers & Sons Balto. 17, Md.	ADDRESS
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236
53 3065BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH53 3065
Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

JOHN H. POSTHER

2. DATE
OF
DEATH

Mar. 24, 1953

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR
INSTITUTION

728 E. 36th St.

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE

Md.

B. COUNTY

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Baltimore

D. STREET ADDRESS (If rural, give location)

728 E. 36th St.

C. Length of stay in Baltimore

Yrs.
Mos.
Days

5. SEX

male

6. COLOR OR RACE

white

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

widowed

8. DATE OF BIRTH

July 10, 1866

9. AGE (In years,
last birthday)

86

If Under 1 Year
Months: DaysIf Under 24 Hours
Hours: Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

Foreman (Rtd)

10B. KIND OF BUSINESS OR
INDUSTRY

Oil

11. BIRTHPLACE (State or foreign country)

Maryland

12. CITIZEN OF
WHAT COUNTRY?

13. FATHER'S NAME

Henry Posther

14. MOTHER'S MAIDEN NAME

Unknown

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)

no

16. SOCIAL
SECURITY NO.17. INFORMANT ADDRESS
Mr. John R. Posther-728 E. 36th St.

18. 177X I

DISEASE OR CONDITION DIRECTLY
LEADING TO DEATH(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE, (A) STATING THE
UNDERLYING CONDITION LAST.

CAUSE OF DEATH

(A) Acute Schistosomiasis
DUE TO
C. A. Posther(B) DUE TO
(C)INTERVAL BETWEEN
ONSET AND DEATH28m
48h
28mII
OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID (If in Baltimore City, give exact location)
INJURY OCCUR?21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

WHILE AT ☐ NOT WHILE ☐
WORK AT WORK

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 3/15, 1953, to 3/24, 1953, that I last saw the
deceased alive on 3/24, 1953, and that death occurred at 2:30 a.m., from the causes and on the date stated above.

23A. SIGNATURE

23B. ADDRESS

23C. DATE SIGNED

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

Burial

24B. DATE

3/27/53

24C. NAME OF CEMETERY OR CREMATORY

Western Cem.

24D. LOCATION (City, town, or county) (State)

Baltimore, Md.

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

VS 150

Barto 17, Md.

**BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH**

53 3066
Registered No.

200
53 3066
BIRTH NO.

1. NAME OF DECEASED (Type or Print) ESTELLE A. S. YOUSE			2. DATE OF DEATH Mar. 24, 1953		
3. PLACE OF DEATH: A. Baltimore City, Maryland			4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Md. B. COUNTY 19-02		
B. FULL NAME OF DECEASED (If not in hospital or institution, give street address or location) 14 N. Carey St.			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore		
C. LENGTH OF STAY IN BALTIMORE Yrs. Mos. Days			D. STREET ADDRESS (If rural, give location) 14 N. Carey St.		
5. SEX female	6. COLOR OR RACE white	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) single	8. DATE OF BIRTH Feb. 21, 1874		9. AGE (In years last birthday) 79
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) never worked		10B. KIND OF BUSINESS OR INDUSTRY --	11. BIRTHPLACE (State or foreign country) Maryland		12. CITIZEN OF WHAT COUNTRY? ..
13. FATHER'S NAME William Youse			14. MOTHER'S MAIDEN NAME Fannie Stanton Montrose		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) no		16. SOCIAL SECURITY NO. no	17. INFORMANT ADDRESS Mrs. Sara Faidley - 14 N. Carey St.		

MEDICAL CERTIFICATION

1B. 420.1 DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.	CAUSE OF DEATH (A) Coronary Infarction DUE TO (B) Arterial Sclerosis DUE TO (C) Hypertension	INTERVAL BETWEEN ONSET AND DEATH 1 day 1 year ..
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		

19A. DATE OF OPERATION 0		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
21A. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING CAUSE OF DEATH <input type="checkbox"/>		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from 3/1-1953 , to 3/24-1953 , that I last saw the deceased alive on 3/24-1953 , and that death occurred at 338 P. M. , from the causes and on the date stated above.					
23A. SIGNATURE Charles A. Quinn		23B. ADDRESS 2145 W. Baltimore		23C. DATE SIGNED 3/26-53	

24A. BURIAL, CREMATION, REMOVAL (Specify) Burial		24B. DATE 2/27/53	24C. NAME OF CEMETERY OR CREMATORY Loudon Park Cem.	24D. LOCATION (City, town, or county) (State) Balto., Md.
DATE RECEIVED BY LOCAL REGISTRAR MAR 26 1953		REGISTRAR'S SIGNATURE Huntington Williams, M.D.		25. FUNERAL DIRECTOR ADDRESS Wm. J. Pickens & Sons Balto 17, Md.

RECEIVED BY THE SECRETARY OF THE
TREASURY DEPARTMENT

CERTIFICATE OF DEPOSIT

THIS CERTIFICATE IS ISSUED AS A RECEIPT FOR THE DEPOSIT OF

CASH TO THE AMOUNT OF

ONE HUNDRED DOLLARS

FOR THE TERM OF

SIX MONTHS

AT THE RATE OF

FOUR PER CENT

PER ANNUM

PAID MONTHLY

AND THE PRINCIPAL TO BE PAID AT THE END OF THE TERM

ON DEMAND

THIS CERTIFICATE IS NOT VALID UNLESS SIGNED BY THE PRESIDENT OF THE BANK

AND THE VICE PRESIDENT

AND THE CASHIER

AND THE TELLER

AND THE CLERK

AND THE MANAGER

AND THE SUPERVISOR

AND THE ASSISTANT MANAGER

AND THE ASSISTANT SUPERVISOR

AND THE ASSISTANT CLERK

AND THE ASSISTANT TELLER

**BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH**

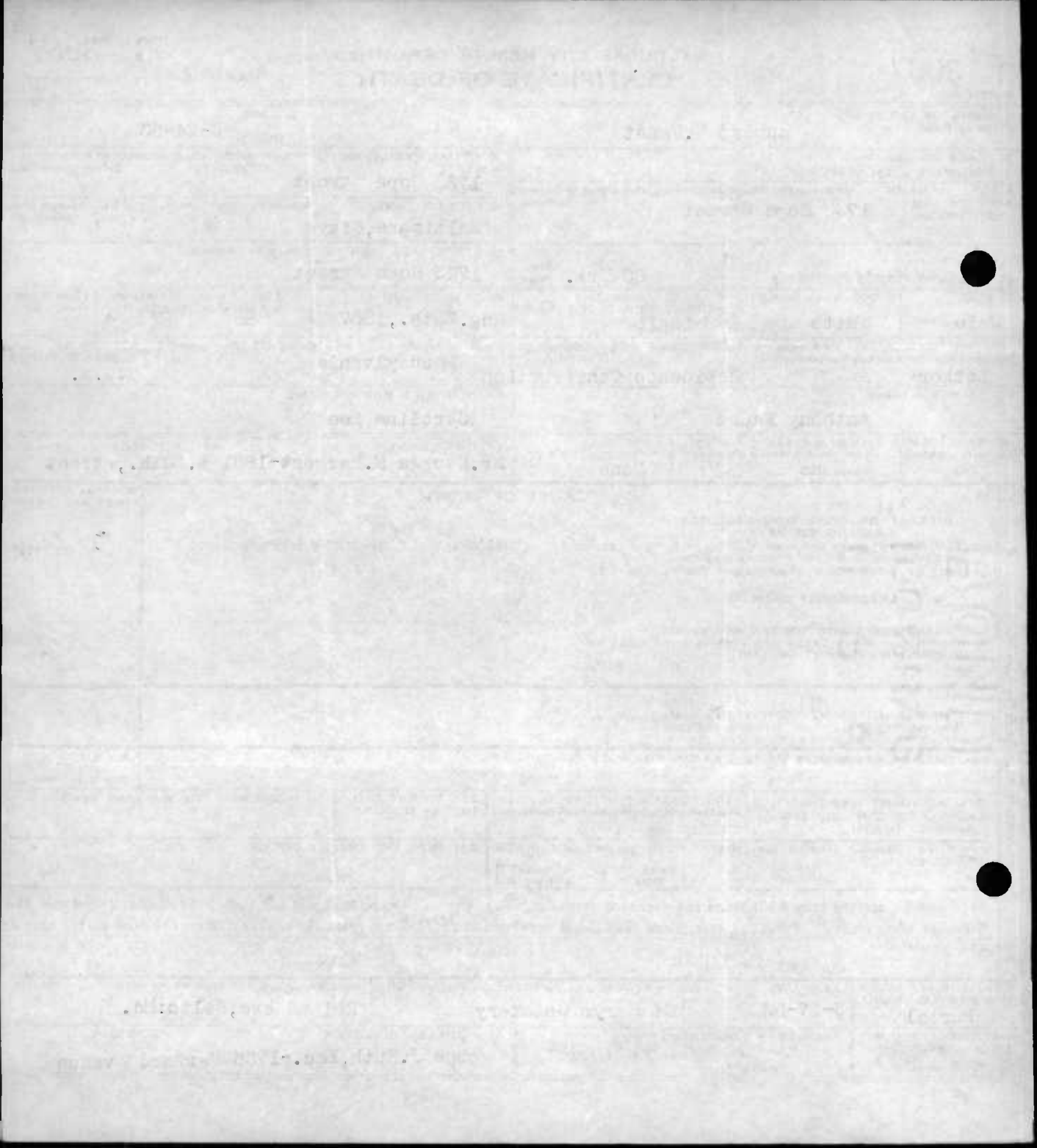
53 3067
Registered No. _____

BIRTH NO. _____

1. NAME OF DECEASED (Type or Print) Edward V. Faust			2. DATE OF DEATH 3-24-53		
3. PLACE OF DEATH: A. Baltimore City, Maryland			4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE 1733 Hope Street B. COUNTY _____		
B. FULL NAME OF HOSPITAL OR INSTITUTION 1733 Hope Street			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore, City		
C. Length of stay in Baltimore 80 Yrs.			D. STREET ADDRESS (If rural, give location) 1733 Hope Street		
5. SEX Male	6. COLOR OR RACE White	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Single	8. DATE OF BIRTH Aug. 20th., 1867		9. AGE (In years last birthday) 85
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Lather			10B. KIND OF BUSINESS OR INDUSTRY Residence Construction		11. BIRTHPLACE (State or foreign country) Pennsylvania
13. FATHER'S NAME Anthony Faust			12. CITIZEN OF WHAT COUNTRY? U.S.A.		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) No			16. SOCIAL SECURITY NO. None		
17. INFORMANT Mr. George M. Hargest-1801 E. 28th., street			ADDRESS		

18. 420.1		CAUSE OF DEATH		INTERVAL BETWEEN ONSET AND DEATH
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthma, etc. It means the disease, injury or complication which caused death.)		(A) Crown Thrombosis	2 Days	
DUE TO				
ANTECEDENT CAUSES		(B) _____		
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.		DUE TO		
		(C) _____		
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.				

19A. DATE OF OPERATION 3		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>
21A. ACCIDENT WAS UNDER- LYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?
22. I hereby certify that I attended the deceased from 23 March, 1953 , to 24 March, 1953 , that I last saw the deceased alive on 23 March, 1953 , and that death occurred at 11:00 A. m. , from the causes and on the date stated above.				
23A. SIGNATURE S. Hepler		23B. ADDRESS 714 E. Preston		23C. DATE SIGNED 25 March
24A. BURIAL, CREMATION, REMOVAL (Specify) Burial		24B. DATE 3-27-53		24C. NAME OF CEMETERY OR CREMATORY St Marys Cemetery
24D. LOCATION (City, town, or county) Balto: Md.		24E. FUNERAL DIRECTOR George J. Ruth, Inc. - 1735 Harford Avenue		
DATE RECEIVED BY LOCAL REGISTRAR MAR 26 1953		REGISTRAR'S SIGNATURE Huntington Williams, M.D.		



340

53 3068

BALTIMORE CITY HEALTH DEPARTMENT

Registered No. 53 3068

BIRTH NO. 52-15607

CERTIFICATE OF DEATH

1. NAME OF DECEASED
(Type or Print)

DEBRA ANN O'DELL

2. DATE
OF
DEATH

3/25/53

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence

A. STATE

B. COUNTY

before admission)

B. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR
INSTITUTION

Union Memorial Hospital

C. CITY OR TOWN

(If outside corporate limits, write RURAL and give township)

Baltimore

14-01

D. STREET ADDRESS (If rural, give location)

1626 John Street #17

5. SEX

female

6. COLOR OR RACE

white

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

-

8. DATE OF BIRTH

July 14, 1952

9. AGE (In years
last birthday)10. Under 1 Year
Months: Days

8

11. Under 24 Hours
Hours: Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

none

10B. KIND OF BUSINESS OR
INDUSTRY

none

11. BIRTHPLACE (State or foreign country)

Maryland

12. CITIZEN OF
WHAT COUNTRY?

USA

13. FATHER'S NAME

Keith J. O'Dell

14. MOTHER'S MARDEN NAME

Ruth Hubbs

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)

no

16. SOCIAL
SECURITY NO.

17. INFORMANT Father - ADDRESS

Keith J. O'Dell, 1626 John St #17

18. 490X

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH(This does not mean the mode of dying, e.g.,
heart failure, ashenia, etc. It means the disease,
injury or complication which caused death.)

(A) pneumonia, bilateral

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B)

DUE TO

(C)

OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☒ NO ☐21A. ACCIDENT, SUICIDE,
HOMICIDE (Specify)21B. PLACE OF INJURY (e.g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID (If in Baltimore City, give exact location)
INJURY OCCUR?21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

WHILE AT ☐ NOT WHILE ☐
WORK AT WORK

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 3/25, 1953, to 3/25, 1953, that I last saw the
deceased alive on 3/25, 1953, and that death occurred at 2:45 p.m., from the causes and on the date stated above.

23A. SIGNATURE

M. D.

23B. ADDRESS

23C. DATE SIGNED

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county)

(State)

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

MAR 27 1953

Huntington Williams

E. Clouston

3818

ROLAND AVENUE

STATE OF NEW YORK
OFFICE OF THE ATTORNEY GENERAL

ALBANY

IN SENATE
JANUARY 11, 1900
REPORT
OF THE
COMMISSIONERS
OF THE
LAND OFFICE
IN RESPONSE
TO A RESOLUTION
PASSED BY THE SENATE
MAY 1, 1899

1900

163
53 3069

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

53 3069
Registered No.

1. NAME OF DECEASED (Type or Print) JOHN R. HUBBARD.			2. DATE OF DEATH MARCH 25 1953		
3. PLACE OF DEATH: A. Baltimore City, Maryland			4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE MARYLAND. B. COUNTY BALTIMORE		
B. FULL NAME OF HOSPITAL OR INSTITUTION 838 WELLINGTON ST			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) BALTIMORE 13-06		
C. Length of stay in Baltimore LIFE			D. STREET ADDRESS (If rural, give location) 838 WELLINGTON ST.		
5. SEX MALE	6. COLOR OR RACE WHITE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) MARRIED.	8. DATE OF BIRTH FEB 19 1888	9. AGE (in years last birthday) 65	If Under 1 Year Months: Days: Hours: Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) PLUMBER		10B. KIND OF BUSINESS OR INDUSTRY LLOYD E. MITCHELL		11. BIRTHPLACE (State or foreign country) MARYLAND.	
13. FATHER'S NAME JOHN R. HUBBARD.		16. SOCIAL SECURITY NO.		12. CITIZEN OF WHAT COUNTRY? U.S.	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (Yes, give war or dates of service)		16. SOCIAL SECURITY NO.		14. MOTHER'S MAIDEN NAME MARGARET TRACEY.	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (Yes, give war or dates of service)		16. SOCIAL SECURITY NO.		17. INFORMANT ADDRESS MAUD E. HUBBARD - 838 WELLINGTON ST.	

18. 420.1 DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthma, etc. It means the disease, injury or complication which caused death.) DUE TO ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.	(A) Coronary Thrombosis	INTERVAL BETWEEN ONSET AND DEATH 2 days ?
	(B) Coronary Arteriosclerosis	
	(C)	
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		

19A. DATE OF OPERATION 0		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH <input type="checkbox"/>		21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from 2-7, 1952 to 3-25, 1953 that I last saw the deceased alive on 3-24, 1953 and that death occurred at 5:45 a.m. , from the causes and on the date stated above.					
23A. SIGNATURE Harold Wolfman		23B. ADDRESS 846 W. 36th St.		23C. DATE SIGNED 3-26-53	
24A. BURIAL, CREMATION, REMOVAL (Specify)		24B. DATE Mar 28/53		24C. NAME OF CEMETERY OR CREMATORY Meadowdale	
24D. LOCATION (City, town, or county) Wash. Blvd. Md.		24E. REGISTRAR'S SIGNATURE Huntington Williams, M.D.		25. FUNERAL DIRECTOR E. Donovan	
DATE RECEIVED BY LOCAL REGISTRAR MAR 27 1953		25. FUNERAL DIRECTOR ADDRESS 3818 Roland Ave.			

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53 3070

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH53 3070
Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)mildred young
Apl 042. DATE
OF
DEATH

March 23, 1953

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF
HOSPITAL OR
INSTITUTION

JOHNS HOPKINS HOSPITAL

4. USUAL RESIDENCE (Where deceased lived. If institution: residence
before admission)

A. STATE

B. COUNTY

C. CITY OR TOWN

(If outside corporate limits, write RURAL and give township)

D. STREET ADDRESS (If rural, give location)

420 N. Dallas St.

C. Length of stay in Baltimore

Life

Yrs.
Mos.
Days

5. SEX

6. COLOR OR RACE

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

Female

Colored

Married

10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

Housewife

10B. KIND OF BUSINESS OR
INDUSTRY

Home

11. BIRTHPLACE (State or foreign country)

Balto Md

12. CITIZEN OF
WHICH COUNTRY?

U.S. Cy

13. FATHER'S NAME

Charles Bright

14. MOTHER'S MAIDEN NAME

Estelle Stuart

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown)

(If yes, give war or dates of service)

No.

16. SOCIAL
SECURITY NO.

17. INFORMANT

ADDRESS

JOHNS HOPKINS HOSPITAL

18. 022X I

DISEASE OR CONDITION DIRECTLY
LEADING TO DEATH(This does not mean the mode of dying, e. g.,
heart failure, asthma, etc. It means the disease,
injury or complication which caused death.)

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

CAUSE OF DEATH

(A)

Cardiac failure

DUE TO

(B)

Aortic Insufficiency

DUE TO

(C)

Syphilitic Aneurysm

INTERVAL BETWEEN
ONSET AND DEATH

Six weeks

MEDICAL CERTIFICATION

II
OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☒ NO ☐21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

WHILE AT ☐ NOT WHILE
WORK ☐ AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 2-22 1953, to 3-23 1953, that I last saw the
deceased alive on 3-23, 1953, and that death occurred at 10:25 p.m., from the causes and on the date stated above.

23A. SIGNATURE

M. D.

23B. ADDRESS

JOHNS HOPKINS HOSPITAL

23C. DATE SIGNED

3-24-53

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county) (State)

Buried 3/28/53 Mt Cal Cy

Baltimore Md

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

MAR 21 1953

H. J. Williams, M.D. Thoy's. Wilson 1st Brandy

DEPARTMENT OF HEALTH
CERTIFICATE OF DEATH

1946-1947

1946-1947

1946-1947

1946-1947

1946-1947

1946-1947

1946-1947

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1946-1947

1946-1947

1946-1947

1946-1947

1946-1947

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1946-1947

1946-1947

1946-1947

1946-1947

300
53 3071BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. _____

53 3071

BIRTH NO. _____

I. NAME OF DECEASED

(Type or Print)

Elsie Marie Lloyd

2. DATE

OF
DEATH

3/24/53

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR
INSTITUTION

430 S. Smallwood St.

4. USUAL RESIDENCE (Where deceased lived. If institution: residence

A. STATE

B. COUNTY

before admission)

Maryland

C. CITY OR TOWN

(If outside corporate limits, write RURAL and give township)

Baltimore

20-05

D. STREET ADDRESS (If rural, give location)

430 S. Smallwood St.

C. Length of stay in Baltimore

Yrs.
Mos.
Days

5. SEX

F

6. COLOR OR RACE

W

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

Married

8. DATE OF BIRTH

1/20/05

9. AGE (in years

last birthday)

48

H Under 1 Year

Months: Days

H Under 24 Hours

Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Housewife

10B. KIND OF BUSINESS OR INDUSTRY

Home

11. BIRTHPLACE (State or foreign country)

Baltimore, Md.

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME

George Herman Heffter

14. MOTHER'S MAIDEN NAME

Elizabeth Griffen

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown)

-

(If yes, give war or dates of service)

-

16. SOCIAL SECURITY NO.

-

17. INFORMANT

ADDRESS

Mr. Herman Heffter 521 S. Bentalou

18. 443X I

CAUSE OF DEATH

INTERVAL BETWEEN ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A)

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B)

DUE TO

(C)

Pulmonary Arterial Hypertension
Coronary Artery Disease
Cerebral EmbolismII
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒

21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH

21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED

WHILE AT

NOT WHILE

m.

WORK

AT WORK

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Oct 20, 1952, to March 24, 1953, that I last saw the deceased alive on 3/24/1952, and that death occurred at 6 P. M., from the causes and on the date stated above.

23A. SIGNATURE

23B. ADDRESS

23C. DATE SIGNED

M. D.

24A. BURIAL, CREMATION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county)

(State)

Burial

3/28/53

Loudon Park

Frederick Ave.

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

MAR 27 1953

Huntington Williams, M.D.

JOHN F. DENNY, INC. 715 Light St.

VS 150

-30

MEDICAL CERTIFICATION

DEPARTMENT OF HEALTH
BUREAU OF VITAL STATISTICS
STATE OF NEW YORK

By Robert C. Nitsch

12-2

7-9

2151 Williams Ave.

600

53 3072

BALTIMORE CITY HEALTH DEPARTMENT

53 3072

CERTIFICATE OF DEATH

Registered No.

BIRTH NO. 53-06704

1. NAME OF DECEASED
(Type or Print)

Baby Girl Lowery

2. DATE
OF
DEATH

3/22/53

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF (If not in hospital or institution, give street address or location)
Hera Hospital

C. Length of stay in Baltimore

Yrs.
Mos.
Days

5. SEX

M

6. COLOR OR RACE

W

7. SINGLE, MARRIED,

WIDOWED, DIVORCED (Specify)

Single

8. DATE OF BIRTH

3/20/53

9. AGE (In years
last birthday)If Under 1 Year
Months: DaysIf Under 24 Hours
Hours: Min.

2

10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)10B. KIND OF BUSINESS OR
INDUSTRY

11. BIRTHPLACE (State or foreign country)

Md.

12. CITIZEN OF
WHAT COUNTRY?

13. FATHER'S NAME

James Lowery

14. MOTHER'S MAIDEN NAME

Angela Masanto

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)16. SOCIAL
SECURITY NO.

17. INFORMANT

ADDRESS

18. 776x I

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A)

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B)

DUE TO

(C)

II
OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

WHILE AT
WORK ☐NOT WHILE
AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 2/20, 1953 to 2/22, 1953 that I last saw the
deceased alive on 2/22, 1953 and that death occurred at 12 noon, from the causes and on the date stated above.

23A. SIGNATURE

23B. ADDRESS

23C. DATE SIGNED

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county)

(State)

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

CERTIFICATE OF DEATH

REGISTRATION OF DEATHS ACT, 1953

IN THE DISTRICT OF

WILTSHIRE

PARISH OF

ST. MARTIN

WILTSHIRE

WILTSHIRE

WILTSHIRE

WILTSHIRE

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265
53 3073

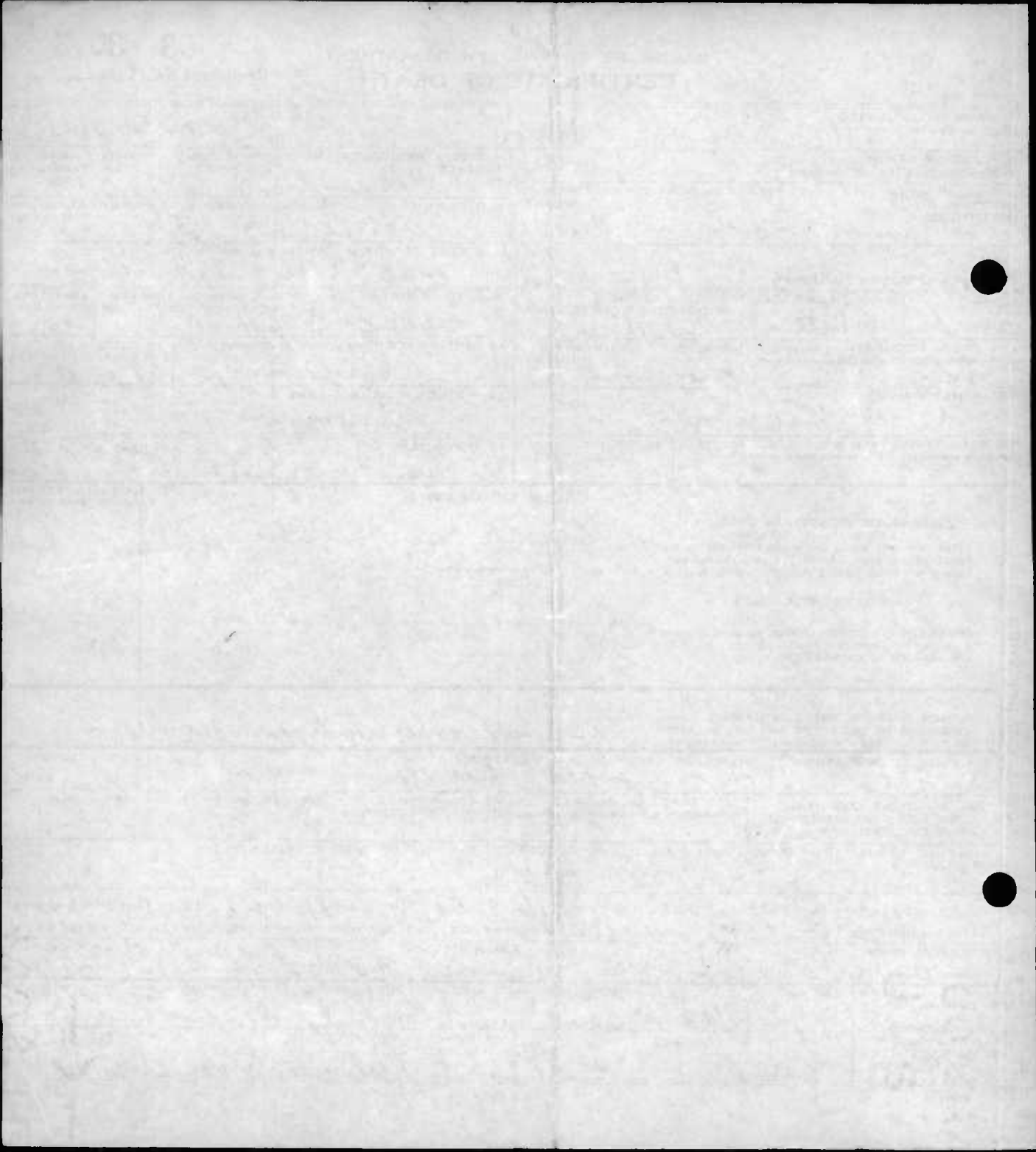
LAZERNICK
BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

53 3073

Registered No. _____

BIRTH NO. _____		1. NAME OF DECEASED (Type or Print) ETHEL LAZERNICK		2. DATE OF DEATH 26 March '53	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Maryland B. COUNTY _____			
B. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION Sinai Hosp of Balt. Inc		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore 28-31			
C. Length of stay in Baltimore 37 years		D. STREET ADDRESS (If rural, give location) 5430 Lyn View ave			
5. SEX Female	6. COLOR OR RACE white	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Widow	8. DATE OF BIRTH 1888	9. AGE (In years last birthday) 64	10. Under 1 Year Months: Days
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) House wife		10B. KIND OF BUSINESS OR INDUSTRY Own Home		11. BIRTHPLACE (State or foreign country) Russia	12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME Wolf Lewinson		14. MOTHER'S MAIDEN NAME Unknown			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.		17. INFORMANT William Lazernick	
				ADDRESS 5430 Lyn View ave	
18. 542.0		CAUSE OF DEATH			
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)		(A) Chronic peptic ulcer of jejunum			
DUE TO		(B) _____			
DUE TO		(C) _____			
ANTECEDENT CAUSES					
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST:					
II		OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. Arteriosclerotic cardiovascular disease			
19A. DATE OF OPERATION 3/14/53		19B. MAJOR FINDINGS OF OPERATION chronic peptic ulcer of jejunum		20. 'AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from 11/28/53 , 19__, to 3/26/53 , 19__, that I last saw the deceased alive on 3/26/53 , 19__, and that death occurred at 12:15 p. m., from the causes and on the date stated above.					
23A. SIGNATURE Horace W. Bunker		M. D.		23B. ADDRESS Sinai Hosp of Balt.	
23C. DATE SIGNED 3/26/53					
24A. BURIAL, CREMATION, REMOVAL (Specify) Burial		24B. DATE March 27/53		24C. NAME OF CEMETERY OR CREMATORY Anshie Emurch Cong Cemetery	
24D. LOCATION (City, town, or county) Washington Blvd					
DATE RECEIVED BY LOCAL REGISTRAR MAR 27 1953		REGISTRAR'S SIGNATURE Huntington Williams, M.D.		25. FUNERAL DIRECTOR Sol Lewinson Bus North ave	
VS 150					

MEDICAL CERTIFICATION



200

53 3074

BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

53 3074

Registered No. _____

1. NAME OF DECEASED (Type or Print) Lucy A. McKay				2. DATE OF DEATH March 26/53			
3. PLACE OF DEATH: A. Baltimore City, Maryland				4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Maryland B. COUNTY _____			
B. FULL NAME OF HOSPITAL OR INSTITUTION 2413 James St.				C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore 25-43			
D. STREET ADDRESS (If rural, give location) 2413 James St.				E. LENGTH OF stay in Baltimore Yrs. _____ Mos. _____ Days _____			
5. SEX Female	6. COLOR OR RACE White	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Widow	8. DATE OF BIRTH July 1877	9. AGE (In years last birthday) 75	10. Under 1 Year Months _____ Days _____	11. Under 24 Hours Hours _____ Min. _____	
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) presser		10B. KIND OF BUSINESS OR INDUSTRY Strause & Baer		11. BIRTHPLACE (State or foreign country) Penna		12. CITIZEN OF WHAT COUNTRY? _____	
13. FATHER'S NAME Moore				14. MOTHER'S MAIDEN NAME Unknown			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) _____		16. SOCIAL SECURITY NO. 212-10-6008		17. INFORMANT ADDRESS Mrs Catherine McKay, 2413 James St.			
18. 260X DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) CAUSE OF DEATH (A) Myocarditis DUE TO _____ (B) Arteriosclerosis DUE TO _____ (C) Diabetes Mellitus DUE TO _____ INTERVAL BETWEEN ONSET AND DEATH 8 months 10 years 15 yrs							
19A. DATE OF OPERATION 0				19B. MAJOR FINDINGS OF OPERATION _____			
21A. ACCIDENT, SUICIDE, HOMICIDE (Specify) _____		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.) _____		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location) _____			
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY _____		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR? _____			
22. I hereby certify that I attended the deceased from Sept 13th 1952 to March 26th 1953 that I last saw the deceased alive on March 25th 1953 and that death occurred at 6:00 A.M. from the causes and on the date stated above.							
23A. SIGNATURE Harry Katz				23B. ADDRESS 517 Scott St.		23C. DATE SIGNED March 27/53	
24A. BURIAL, CREMATION, REMOVAL (Specify) Burial		24B. DATE March 30/53		24C. NAME OF CEMETERY OR CREMATORY Loudon Park		24D. LOCATION (City, town, or county) (State) Balto. Md.	
DATE RECEIVED BY LOCAL REGISTRAR MAR 27 1953		REGISTRAR'S SIGNATURE Huntington Williams, M.D.		25. FUNERAL DIRECTOR Wm. J. Witzke		ADDRESS 4101 Edmondson Ave.	

MEDICAL CERTIFICATION

STATE OF NEW YORK
COMMISSIONER OF DEWET

1900-1901

1900-1901

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155
53 3075ROFFMAN
BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 53 3075

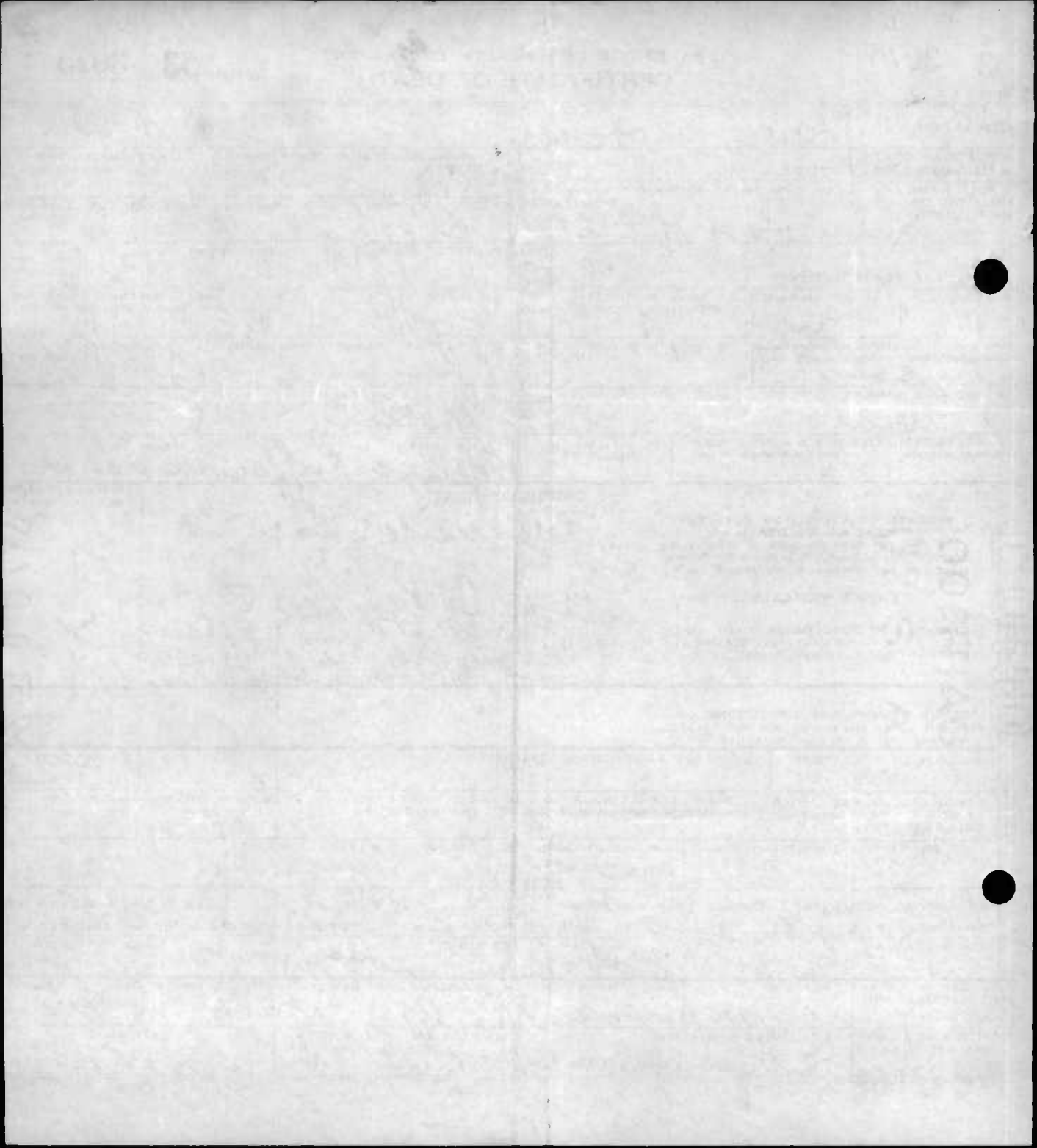
BIRTH NO.

1. NAME OF DECEASED (Type or Print) <i>Louis Roffman</i>			2. DATE OF DEATH <i>3/26/53</i>		
3. PLACE OF DEATH: A. Baltimore City, Maryland			4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE <i>Del.</i> B. COUNTY		
B. FULL NAME OF HOSPITAL OR INSTITUTION <i> Sinai Hosp of Balt.</i>			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <i>Baltimore 15-13</i>		
D. Length of stay in Baltimore <i>48</i> Yrs. <i>48</i> Mos. <i>48</i> Days			O. STREET ADDRESS (If rural, give location) <i>4277 Filmore</i>		
5. SEX <i>M</i>	6. COLOR OR RACE <i>W</i>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <i>M</i>	8. DATE OF BIRTH <i>4/14/86</i>	9. AGE (in years last birthday) <i>66</i>	10. Under 1 Year Months: Days: 11. Under 24 Hours Hours: Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>Tailor</i>		10B. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) <i>Russia</i>	
12. CITIZEN OF WHAT COUNTRY?			13. FATHER'S NAME <i>David</i>		
14. MOTHER'S MAIDEN NAME <i>Mollie</i>			15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)		
16. SOCIAL SECURITY NO.			17. INFORMANT ADDRESS <i>Mollie Roffman - same</i>		
18. <i>434.3</i> DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) <i>Cardiac Failure</i>			INTERVAL BETWEEN ONSET AND DEATH		
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. (B) <i>Chronic Cor Pulmonale - 2nd</i> (C) <i>arteriosclerotic heart disease</i> <i>Chronic bronchial emphysema</i> <i>2nd fibrosis & emphysema</i>					
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.					
19A. DATE OF OPERATION <i>0</i>		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from <i>3/26</i> to <i>3/26</i> , 19 <i>53</i> , that I last saw the deceased alive on <i>3/26</i> , 19 <i>53</i> , and that death occurred at <i>7:30</i> p.m., from the causes and on the date stated above.					
23A. SIGNATURE <i>Claron H. Druser</i>		23B. ADDRESS <i>Sinai Hosp</i>		23C. DATE SIGNED <i>3/26/53</i>	
24A. BURIAL, CREMATION, REMOVAL (Specify) <i>Burial</i>		24B. DATE <i>3/27/1953</i>		24C. NAME OF CEMETERY OR CREMATORY <i>Windsor Hill Rd</i>	
24D. LOCATION (City, town, or county) <i>Balto</i>		24E. (State) <i>Md</i>		25. FUNERAL DIRECTOR ADDRESS <i>Huntington Williams, Mgr Jack Lewis Inc - 2100 Eustaw Pl</i>	

MEDICAL CERTIFICATION

MAR 27 1953
VS 150

5906E



Registered No. 53 3076

2. DATE OF DEATH March 25-1953
 where deceased lived. If institution; residence
 B. COUNTY (before admission)

4. USUAL RESIDENCE (Where deceased lived, if institution; residence before admission)

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)
BALTIMORE

D. STREET ADDRESS (If rural, give location)
2605 TAYLOR AVE. 5301

8. DATE OF BIRTH 8-11-1899	9. AGE (In years last birthday) 5-3	11 Under 1 Year Months: Days	11 Under 24 Hours Hours: Min.
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11. BIRTHPLACE (State or foreign country) MARYLAND	12. CITIZEN OF WHAT COUNTRY? USA
---	--

14. MOTHER'S MAIDEN NAME
ANNIE THICKS

17. INFORMANT	ADDRESS
Mrs Roland H. Gehresen	3605 Taylor Ave

[illegible]

choresenby accident

crus le pois

20. AUTOPSY? YES ☐ NO ☒

or e.)	21c. WHERE DID INJURY OCCUR?	(If in Baltimore City, give exact location)
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215	HOW DID JANUARY OCCUR?
-----	------------------------

22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at _____ m., from the causes and on the date stated above.

_____, 19____, to _____, 19____, that I last saw the
_____ at _____ m., from the causes and on the date stated above.

23b. ADDRESS <i>Franklin Square</i>	23c. DATE SIGNED <i>3/25/53</i>
--	------------------------------------

Y DR CREMATORY	24d. LOCATION (City, town, or county)	(State) <i>nd</i>
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Hereford, Hereford Co

25. FUNERAL DIRECTOR	ADDRESS
1. F. J. [unclear]	3111 Bl. Rd

Assaker Terminal Home 1401. Belam Rd

92

1000

DEPARTMENT OF HEALTH

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43-169021
53 3077BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 53 3077

BIRTH NO.		1. NAME OF DECEASED (Type or Print) George Mills		2. DATE OF DEATH March 26-1953	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution: residence A. STATE Maryland B. COUNTY X before admission)			
B. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTE Baltimore City Hospitals 4940 Eastern Ave.		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore 25-05			
C. Length of stay in Baltimore 43 yrs Yrs. Mos. Days		D. STREET ADDRESS (If rural, give location) 1204 Diver Court zone 25			
5. SEX M	6. COLOR OR RACE W	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH May 1-1882	9. AGE (In years last birthday) 70	If Under 1 Year Months: Days If Under 24 Hours Hours: Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Ret. Outside Machinist		10B. KIND OF BUSINESS OR INDUSTRY Md. Dry Dock Co.		11. BIRTHPLACE (State or foreign country) Maryland	
12. CITIZEN OF WHAT COUNTRY?		13. FATHER'S NAME George Mills			
14. MOTHER'S MAIDEN NAME Margaret Bonsal		15. WAS DECEASED EVER IN U. S. ARMED FORCES? (If yes, give war or dates of service) yes S A W.			
16. SOCIAL SECURITY NO.		17. INFORMANT 4940 Eastern Ave. Records: Baltimore City Hospitals			
18. 420.1 DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) Coronary Thrombosis Congestive Failure DUE TO ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		CAUSE OF DEATH (A) Coronary Thrombosis Congestive Failure DUE TO (B) DUE TO (C)		INTERVAL BETWEEN ONSET AND DEATH	
19A. DATE OF OPERATION 0		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21A. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING CAUSE OF DEATH <input type="checkbox"/>		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from 3-26-1953 , to 3-26-1953 , that I last saw the deceased alive on 3-26-1953 , and that death occurred at 9 P M. , from the causes and on the date stated above.					
23A. SIGNATURE H. J. [Signature]		23B. ADDRESS M. O. 4940 Eastern Ave., Baltimore, Md.		23C. DATE SIGNED 3-26-53	
24A. BURIAL, CREMATION, REMOVAL (Specify) burial		24B. DATE 3/30/53		24C. NAME OF CEMETERY OR CREMATORY St. Peters Cemetery	
24D. LOCATION (City, town, or county) (State) Baltimore, Maryland		25. FUNERAL DIRECTOR ADDRESS Wm. Cook, Inc., 1217 St. Paul Street			
DATE RECEIVED BY LOCAL REGISTRAR MAR 27 1953		REGISTRAR'S SIGNATURE Huntington Williams, Jr.		VS 150 54430	

155
33 3078BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH53 3078
Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

CHaffman H. MADELINE

2. DATE
OF
DEATH

3-26-53

3. PLACE OF DEATH:

A. Baltimore City, Maryland

Baltimore

B. FULL NAME OF
HOSPITAL OR
INSTITUTION

Franklin Square Hospital

4. USUAL RESIDENCE (Where deceased lived, if institution: residence
before admission)

A. STATE

Md.

B. COUNTY

C. CITY OR TOWN (If outside corporate limits, write R.U.R. and give
township)

Baltimore

21-02

D. STREET ADDRESS (If rural, give location)

1229 James St.

JAMES

c. Length of stay in Baltimore

Yrs.
Mos.
Days

5. SEX

F

6. COLOR OR RACE

W

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

Married.

8. DATE OF BIRTH

5/12/1905

9. AGE (In years
last birthday)

47

If Under 1 Year
Months: DaysIf Under 24 Hours
Hours: Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

Line Operator

10B. KIND OF BUSINESS OR
INDUSTRY

National Products Co

11. BIRTHPLACE (State or foreign country)

Md.

12. CITIZEN OF
WHAT COUNTRY?

A.C.P.

13. FATHER'S NAME

Martin Woomer

14. MOTHER'S MAIDEN NAME

Harriett Kuhn

15. WAS DECEASED EVER IN U.S. ARMED FORCES?
(Yes, no or unknown)

No

(If yes, give war or dates of service)

16. SOCIAL
SECURITY NO.

215-16-2759

17. INFORMANT

James H. Chaffman

ADDRESS

James St.

18. 443X I

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH(This does not mean the mode of dying, e.g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A) Cerebral Hemorrhage

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B) Hyp. C.V. disease

DUE TO

(C)

II
OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒21A. ACCIDENT, SUICIDE,
HOMICIDE (Specify)21B. PLACE OF INJURY (e.g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR? (If in Baltimore City, give exact location)21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

WHILE AT ☐ NOT WHILE
WORK AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 3/26, 1953, to 3/26, 1953 that I last saw the
deceased alive on 3/26, 1953, and that death occurred at 6 p.m., from the causes and on the date stated above.

23A. SIGNATURE

J. L. Smith

M. D.

23B. ADDRESS

Franklin Square Hospital

23C. DATE SIGNED

3/26-53

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

24B. DATE

3/30/53

24C. NAME OF CEMETERY OR CREMATORY

U.S. National

24D. LOCATION (City, town, or county)

Balto Md.

(State)

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

Huntington Williams, M.D.

25. FUNERAL DIRECTOR

ADDRESS

Cok Inc. 1257 St. Paul St.

VS 150

69046

MEDICAL CERTIFICATION

**BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH**

53 3079
Registered No.

635
3079
BIRTH NO.

1. NAME OF DECEASED (Type or Print) <i>Myrtle E. Gerding</i>		2. DATE OF DEATH <i>3/26/53</i>	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE <i>Md.</i> B. COUNTY	
B. FULL NAME OF HOSPITAL OR INSTITUTION <i>Lutheran Hospital</i>		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <i>Baltimore</i>	
D. STREET ADDRESS (If rural, give location) <i>3308 Westerswald Ave. #18</i>			
5. SEX <i>F</i>		6. COLOR OR RACE <i>W</i>	
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <i>married</i>		8. DATE OF BIRTH <i>7/17/99</i>	
9. AGE (In years last birthday) <i>53</i>		10. Under 1 Year Months: Days 11. Under 24 Hours Hours: Min.	
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>Housewife</i>		10B. KIND OF BUSINESS OR INDUSTRY <i>Own Home</i>	
11. BIRTHPLACE (State or foreign country) <i>Baltimore, Md.</i>		12. CITIZEN OF WHAT COUNTRY? <i>U. S. A.</i>	
13. FATHER'S NAME <i>Andrew H. Sinkam</i>		14. MOTHER'S MAIDEN NAME <i>Mamie Roy</i>	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.	
17. INFORMANT <i>Bertha Perego</i>		ADDRESS <i>3308 Westerswald Ave</i>	

18. <i>443X</i> DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) CAUSE OF DEATH (A) <i>cerebral hemorrhage</i> DUE TO <i>arteriosclerotic cardiovascular disease, hypertensive</i> (B) DUE TO (C) INTERVAL BETWEEN ONSET AND DEATH	
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.	

19A. DATE OF OPERATION <i>0</i>		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT <input type="checkbox"/> WORK NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from <i>3/24</i> , 19 <i>53</i> , to <i>3/26</i> , 19 <i>53</i> , that I last saw the deceased alive on <i>3/26</i> , 19 <i>53</i> , and that death occurred at <i>3:25 A.</i> m., from the causes and on the date stated above.					
23A. SIGNATURE <i>Franklin L. Keller</i>		23B. ADDRESS <i>Lutheran Hospital</i>		23C. DATE SIGNED <i>3/26/53</i>	
24A. BURIAL, CREMATION, REMOVAL (Specify) <i>Burial</i>		24B. DATE <i>3/28/53</i>		24C. NAME OF CEMETERY OR CREMATORY <i>Loudon Park Cemetery, Baltimore, Maryland</i>	
24D. LOCATION (City, town, or county) (State)		25. FUNERAL DIRECTOR <i>Stm. Cook, Inc., 1217 St. Paul St.</i>			
DATE RECEIVED BY LOCAL REGISTRAR <i>MAR 27 1953</i>		REGISTRAR'S SIGNATURE <i>Huntington Williams</i>			

620
53 3080BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

53 3080

Registered No. _____

1. NAME OF DECEASED (Type or Print) HOWARD E. BIRCH		2. DATE OF DEATH Mar. 27, 1953	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Virginia B. COUNTY V-43	
B. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR US Public Health Service Hospital INSTITUTION Wyman pk. drive & 31st street		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Chincoteague	
D. STREET ADDRESS (If rural, give location)			
5. SEX M		6. COLOR OR RACE W.	
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Married		8. DATE OF BIRTH 3/26/04	
9. AGE (In years last birthday) 49		10. If Under 1 Year Months: Days If Under 24 Hours Hours: Min.	
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired		10B. KIND OF BUSINESS OR INDUSTRY U.S. Coast Guard	
11. BIRTHPLACE (State or foreign country) Va.		12. CITIZEN OF WHAT COUNTRY? USA	
13. FATHER'S NAME Eba Birch		14. MOTHER'S MAIDEN NAME Laura Thornton	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) Yes		16. SOCIAL SECURITY NO. CG- WW 2	
17. INFORMANT Records- US PHS Hospital, Balto, Md.		ADDRESS	
18. 581.0 DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) I Esophageal varices with hemorrhage DUE TO Antecedent causes Cirrhosis, liver DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		INTERVAL BETWEEN ONSET AND DEATH Undetermined Undetermined	
19A. DATE OF OPERATION 2		19B. MAJOR FINDINGS OF OPERATION	
20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>			
21A. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH		21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)			
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT <input type="checkbox"/> NOT WHILE <input type="checkbox"/> AT WORK	
21F. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from Feb. 5 , 19 53 to Mar. 27 , 19 53 , that I last saw the deceased alive on Mar. 27, 1953 , and that death occurred at 7:15 A.M. , from the causes and on the date stated above.			
23A. SIGNATURE J.A. Hunter, Clinical Director		23B. ADDRESS US PHS Hospital, Balto, Md.	
23C. DATE SIGNED 3/27/53			
24A. BURIAL, CREMATION, REMOVAL (Specify) removal		24B. DATE 3/27/53	
24C. NAME OF CEMETERY OR CREMATORY Chincoteague		24D. LOCATION (City, town, or county) (State) Chincoteague, Virginia	
DATE RECEIVED BY LOCAL REGISTRAR MAR 27 1953		REGISTRAR'S SIGNATURE Huntington Williams, Jr.	
25. FUNERAL DIRECTOR Wm Cook, Inc.		ADDRESS 1217 St. Paul Street	

DEPARTMENT OF HEALTH
CITY OF BOSTON
CERTIFICATE OF DEATH

AGE

DATE OF BIRTH

DATE OF DEATH

CAUSE OF DEATH

PLACE OF DEATH

NAME OF PHYSICIAN

SIGNATURE OF PHYSICIAN

NAME OF REGISTRAR

DATE OF REGISTRATION

PLACE OF REGISTRATION

SIGNATURE OF REGISTRAR

DATE OF DEATH

PLACE OF DEATH

SIGNATURE OF REGISTRAR

100
MAY 108962
53 3081

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 53 3081

1. NAME OF DECEASED (Type or Print) Emma Geppi		2. DATE OF DEATH Mar. 27, 1953	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Maryland B. COUNTY	
5. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTE Baltimore City Hospitals 4940 Eastern Avenue		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore	
6. Length of stay in Baltimore Life		D. STREET ADDRESS (If rural, give location) 1232 Cleveland St.	
5. SEX F	6. COLOR OR RACE White	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Divorced	8. DATE OF BIRTH May 21, 1876
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) housewife		10B. KIND OF BUSINESS OR INDUSTRY at home	9. AGE (In years last birthday) 76 If Under 1 Year: Months: Days: If Under 24 Hours: Hours: Min.
11. BIRTHPLACE (State or foreign country) Maryland		12. CITIZEN OF WHAT COUNTRY?	
13. FATHER'S NAME Nicholas Canar		14. MOTHER'S MAIDEN NAME Molli Forrest	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.	
17. INFORMANT Records: Balto. City Hospitals 4940 Eastern Ave.		ADDRESS	
18. 199.9 DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) Carcinomatosis - Unknown Origin DUE TO ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE, (A) STATING THE UNDERLYING CONDITION LAST. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.			INTERVAL BETWEEN ONSET AND DEATH
19A. DATE OF OPERATION 0		19B. MAJOR FINDINGS OF OPERATION	
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
21A. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING CAUSE OF DEATH <input type="checkbox"/>		21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)			
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
21F. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from 3-24 , 19 53 , to 3-27 , 19 53 , that I last saw the deceased alive on 3-27 , 19 53 , and that death occurred at 2:20A m., from the causes and on the date stated above.			
23A. SIGNATURE W.E. Johnson		23B. ADDRESS 4940 Eastern Ave., Balto. Md.	
23C. DATE SIGNED 3-27-53			
24A. BURIAL, CREMATION, REMOVAL (Specify) Burial		24B. DATE 3/30/53	
24C. NAME OF CEMETERY OR CREMATORY Glen Haven Cemetery		24D. LOCATION (City, town, or county) (State) Anne Arundel County, Maryland	
DATE RECEIVED BY LOCAL REGISTRAR MAR 27 1953		REGISTRAR'S SIGNATURE Huntington Williams	
VS 150		25. FUNERAL DIRECTOR W. Cook, Inc. ADDRESS 1217 St. Paul Street	

MEDICAL CERTIFICATION

• • • • •

153
53 3082BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 53 3082

1. NAME OF DECEASED (Type or Print) MARY L. LAVENDER			2. DATE OF DEATH Mar. 25, 1953		
3. PLACE OF DEATH: A. Baltimore City, Maryland			4. USUAL RESIDENCE (Where deceased lived, If institution: residence before admission) A. STATE Md. B. COUNTY 1202		
B. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION 3038 Guilford Ave.			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore		
Length of stay in Baltimore Yrs. Mos. Days 3038 Guilford Ave.			D. STREET ADDRESS (If rural, give location)		
5. SEX female	6. COLOR OR RACE white	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) widowed	8. DATE OF BIRTH Mar. 26, 1872	9. AGE (In years last birthday) 80	If Under 1 Year Months Days If Under 24 Hours Hours Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) housewife		10B. KIND OF BUSINESS OR INDUSTRY at home	11. BIRTHPLACE (State or foreign country) Massachusetts		12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME Byley Lyford			14. MOTHER'S MAIDEN NAME Adeliza Prescott		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) no		16. SOCIAL SECURITY NO. no	17. INFORMANT ADDRESS Mrs. G. Kinsey Owens - Cheverly, Md.		

18. 170X DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) (A) Carcinoma of Lungs. DUE TO Metastases. Secondary to Primary Carinoma of Rt Breast,		INTERVAL BETWEEN ONSET AND DEATH 3 Mos.
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. (B) DUE TO (C)		1 yr.
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		

19A. DATE OF OPERATION 0		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
21A. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH	21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)			
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY	21E. INJURY OCCURRED WHILE AT <input type="checkbox"/> WORK NOT WHILE <input type="checkbox"/> AT WORK	21F. HOW DID INJURY OCCUR?			

22. I hereby certify that I attended the deceased from **March 3, 1953** to **March 25, 1953** that I last saw the deceased alive on **3-25-**, 19 **53**, and that death occurred at **10 A.m.**, from the causes and on the date stated above.

23A. SIGNATURE Albert Dingsma M. D.	23B. ADDRESS 1613 E. North Ave., Balto.	23C. DATE SIGNED 3-27-53
---	---	------------------------------------

24A. BURIAL, CREMATION, REMOVAL (Specify) Burial	24B. DATE 3/28/53	24C. NAME OF CEMETERY OR CREMATORY Woodlawn Cem.	24D. LOCATION (City, town, or county) (State) Woodlawn, Md.
DATE RECEIVED BY LOCAL REGISTRAR MAR 27 1953	REGISTRAR'S SIGNATURE Thurston Williams	25. FUNERAL DIRECTOR Wm. F. Pichner & Sons	ADDRESS Balto 17, Md.

100

RECEIVED BY THE DIRECTOR OF THE BUREAU OF THE ARMY

OFFICE OF THE CHIEF OF THE BUREAU OF THE ARMY

WASHINGTON, D. C.

1917

1918

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1937

146
53 3083BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 53 3083

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

ALBERT L. PEPPLER

2. DATE
OF DEATH March 25, 1953

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR INSTITUTION

703 Chestnut Hill Ave.

Yrs.
Mos.
Days

Length of stay in Baltimore

5. SEX

male

6. COLOR OR RACE

white

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)
married

8. DATE OF BIRTH

Feb. 1, 1895

9. AGE (In years
last birthday)

58

10. Under 1 Year
Months Days
11. Under 24 Hours
Hours Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

Interior Decorator

10B. KIND OF BUSINESS OR
INDUSTRY

Dept. Store

11. BIRTHPLACE (State or foreign country)

Maryland

12. CITIZEN OF
WHAT COUNTRY?

13. FATHER'S NAME

Louis Peppler

14. MOTHER'S MAIDEN NAME

Elizabeth Hoeflich

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)

yes

World War I

16. SOCIAL
SECURITY NO.

17. INFORMANT

ADDRESS

Mrs. Isabelle J. Peppler-703 Chestnut Hill

18. 420.1 I

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A) ...

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B) ...

DUE TO

(C) ...

Coronary Thrombosis
Coronary InsufficiencySudden
?II
OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

WHILE AT ☐ NOT WHILE ☐
WORK AT WORK

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 8-49, 1953, to 3-25, 1953, that I last saw the
deceased alive on 3-25, 1953, and that death occurred at 4:45 A.M., from the causes and on the date stated above.

23A. SIGNATURE

23B. ADDRESS

23C. DATE SIGNED

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

Burial

24B. DATE

3/28/53

24C. NAME OF CEMETERY OR CREMATORY

Loudon Park Cem.

24D. LOCATION (City, town, or county)

Balto., Md.

(State)

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR,

ADDRESS

MAR 27 1953

VS 150

514 6 C

Balto 17, Md.

600
53 3084BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 53 3084

BIRTH NO.

1. NAME OF DECEASED (Type or Print) Mary Catherine Lay			2. DATE OF DEATH March 25, 1953		
3. PLACE OF DEATH: A. Baltimore City, Maryland 4706 Roland Ave			4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Maryland B. COUNTY		
5. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location)			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore 27-14		
6. LENGTH OF STAY IN BALTIMORE 50 Yrs. Mos. Days			D. STREET ADDRESS (If rural, give location) 4706 Roland Ave		
5. SEX Female	6. COLOR OR RACE White	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Single	8. DATE OF BIRTH Dec. 2, 1865	9. AGE (In years last birthday) 87	10. Under 1 Year Months: Days 11. Under 24 Hours Hours: Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) None		10B. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) Washington, D. C.		12. CITIZEN OF WHAT COUNTRY? USA
13. FATHER'S NAME Thomas Wolcott Lay			14. MOTHER'S MAIDEN NAME Annie Roach		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.	17. INFORMANT ADDRESS Miss Anne Martin 4706 Roland Ave		

18. 420.0 I DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.	CAUSE OF DEATH (A) Myocardial infarction DUE TO (B) Hypertensive and arteriosclerotic heart disease DUE TO (C)	INTERVAL BETWEEN ONSET AND DEATH 3 d. Many years
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19A. DATE OF OPERATION 0		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
21A. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	

22. I hereby certify that I attended the deceased from 3/23/53, 19, to 3/25/53, 19, that I last saw the deceased alive on 3/24/53, 19, and that death occurred at 5 Pm., from the causes and on the date stated above.

23A. SIGNATURE Say Martin Fox	23B. ADDRESS 1201 N. Calvert St.	23C. DATE SIGNED 3/27/53
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24A. BURIAL, CREMATION, REMOVAL (Specify) Burial	24B. DATE 3/28/53	24C. NAME OF CEMETERY OR CREMATORY Mount Olivet Cemetery	24D. LOCATION (City, town, or county) (State) Washington, D. C.
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DATE RECEIVED BY LOCAL REGISTRAR MAR 27 1953	REGISTRAR'S SIGNATURE Huntington Williams, M.D.	25. FUNERAL DIRECTOR H. A. Weare and Son 805 N. Calvert St.	ADDRESS
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<p>1. NAME OF DECEASED</p>		<p>2. DATE OF DEATH</p>	
<p>3. PLACE OF DEATH</p>		<p>4. CAUSE OF DEATH</p>	
<p>5. NAME OF PHYSICIAN</p>		<p>6. NAME OF FUNERAL HOME</p>	
<p>7. NAME OF NEXT OF KIN</p>		<p>8. NAME OF BURIAL PLACE</p>	
<p>9. NAME OF CEMETERY</p>		<p>10. NAME OF CHURCH</p>	
<p>11. NAME OF MINISTERS</p>		<p>12. NAME OF MUSICIANS</p>	
<p>13. NAME OF FLORISTS</p>		<p>14. NAME OF CATERERS</p>	
<p>15. NAME OF COFFIN</p>		<p>16. NAME OF CASKET</p>	
<p>17. NAME OF CASKET</p>		<p>18. NAME OF CASKET</p>	
<p>19. NAME OF CASKET</p>		<p>20. NAME OF CASKET</p>	
<p>21. NAME OF CASKET</p>		<p>22. NAME OF CASKET</p>	
<p>23. NAME OF CASKET</p>		<p>24. NAME OF CASKET</p>	
<p>25. NAME OF CASKET</p>		<p>26. NAME OF CASKET</p>	
<p>27. NAME OF CASKET</p>		<p>28. NAME OF CASKET</p>	
<p>29. NAME OF CASKET</p>		<p>30. NAME OF CASKET</p>	
<p>31. NAME OF CASKET</p>		<p>32. NAME OF CASKET</p>	
<p>33. NAME OF CASKET</p>		<p>34. NAME OF CASKET</p>	
<p>35. NAME OF CASKET</p>		<p>36. NAME OF CASKET</p>	
<p>37. NAME OF CASKET</p>		<p>38. NAME OF CASKET</p>	
<p>39. NAME OF CASKET</p>		<p>40. NAME OF CASKET</p>	
<p>41. NAME OF CASKET</p>		<p>42. NAME OF CASKET</p>	
<p>43. NAME OF CASKET</p>		<p>44. NAME OF CASKET</p>	
<p>45. NAME OF CASKET</p>		<p>46. NAME OF CASKET</p>	
<p>47. NAME OF CASKET</p>		<p>48. NAME OF CASKET</p>	
<p>49. NAME OF CASKET</p>		<p>50. NAME OF CASKET</p>	
<p>51. NAME OF CASKET</p>		<p>52. NAME OF CASKET</p>	
<p>53. NAME OF CASKET</p>		<p>54. NAME OF CASKET</p>	
<p>55. NAME OF CASKET</p>		<p>56. NAME OF CASKET</p>	
<p>57. NAME OF CASKET</p>		<p>58. NAME OF CASKET</p>	
<p>59. NAME OF CASKET</p>		<p>60. NAME OF CASKET</p>	
<p>61. NAME OF CASKET</p>		<p>62. NAME OF CASKET</p>	
<p>63. NAME OF CASKET</p>		<p>64. NAME OF CASKET</p>	
<p>65. NAME OF CASKET</p>		<p>66. NAME OF CASKET</p>	
<p>67. NAME OF CASKET</p>		<p>68. NAME OF CASKET</p>	
<p>69. NAME OF CASKET</p>		<p>70. NAME OF CASKET</p>	
<p>71. NAME OF CASKET</p>		<p>72. NAME OF CASKET</p>	
<p>73. NAME OF CASKET</p>		<p>74. NAME OF CASKET</p>	
<p>75. NAME OF CASKET</p>		<p>76. NAME OF CASKET</p>	
<p>77. NAME OF CASKET</p>		<p>78. NAME OF CASKET</p>	
<p>79. NAME OF CASKET</p>		<p>80. NAME OF CASKET</p>	
<p>81. NAME OF CASKET</p>		<p>82. NAME OF CASKET</p>	
<p>83. NAME OF CASKET</p>		<p>84. NAME OF CASKET</p>	
<p>85. NAME OF CASKET</p>		<p>86. NAME OF CASKET</p>	
<p>87. NAME OF CASKET</p>		<p>88. NAME OF CASKET</p>	
<p>89. NAME OF CASKET</p>		<p>90. NAME OF CASKET</p>	
<p>91. NAME OF CASKET</p>		<p>92. NAME OF CASKET</p>	
<p>93. NAME OF CASKET</p>		<p>94. NAME OF CASKET</p>	
<p>95. NAME OF CASKET</p>		<p>96. NAME OF CASKET</p>	
<p>97. NAME OF CASKET</p>		<p>98. NAME OF CASKET</p>	
<p>99. NAME OF CASKET</p>		<p>100. NAME OF CASKET</p>	

**BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH**

Registered No. **53 3085**

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

CHARLES L. FRANK

2. DATE
OF
DEATH

MARCH 26, 1953

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location)

SOUTH BALTIMORE GENERAL HOSPITAL

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE **MARYLAND** B. COUNTY **BALTO.**

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

RANDALLSTOWN

D. STREET ADDRESS (If rural, give location)

LIBERTY ROAD 1300

5. SEX

MALE

6. COLOR OR RACE

WHITE

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)

MARRIED

8. DATE OF BIRTH

3-14-1884

9. AGE (in years last birthday)

69

If Under 1 Year Months: Days: If Under 24 Hours Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Teacher - Public School - Balto Co.

10B. KIND OF BUSINESS OR INDUSTRY

Public School - Balto Co.

11. BIRTHPLACE (State or foreign country)

Maryland

12. CITIZEN OF WHAT COUNTRY?

U.S.A.

13. FATHER'S NAME

George FRANK

14. MOTHER'S MAIDEN NAME

CATHERINE TRAGER

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)

No

16. SOCIAL SECURITY NO.

218-32-0090

17. INFORMANT

CARRIE L. FRANK - RANDALLSTOWN

ADDRESS

18. **155X**

CAUSE OF DEATH

INTERVAL BETWEEN ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH

(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) **PRIMARY CANCER OF LIVER**

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B)

DUE TO

(C)

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

MARCH 24/53

19B. MAJOR FINDINGS OF OPERATION

(31039)

20. AUTOPSY?

YES ☒ NO ☐

21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH

21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from **MARCH 17, 1953**, to **MARCH 26, 1953**, that I last saw the deceased alive on **MARCH 26, 1953**, and that death occurred at **12:40 P.M.**, from the causes and on the date stated above.

23A. SIGNATURE

W. M. Conway

23B. ADDRESS

South Baltimore Blvd 11006

23C. DATE SIGNED

24A. BURIAL, CREMATION, REMOVAL (Specify)

Burial

24B. DATE

3/28/53

24C. NAME OF CEMETERY OR CREMATORY

Not Olive

24D. LOCATION (City, town, or county)

Randallstown Md

(State)

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

Huntington Williams, M.D.

25. FUNERAL DIRECTOR

Frank H. Newell

ADDRESS

MAR 27 1953

770 8V

MEDICAL CERTIFICATION

625
53 3086BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 53 3086

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Irene Morgan

2. DATE
OF
DEATH

March 23, 1953

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR
INSTITUTION

3137 Belmont Ave.

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE B. COUNTY

Md.

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Balto.

D. STREET ADDRESS (If rural, give location)

3137 Belmont Ave.

5. SEX

F

6. COLOR OR RACE

C

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

W

8. DATE OF BIRTH

7/6/84

9. AGE (In years
last birthday)

67

10. Under 1 Year
Months: Days11. Under 24 Hours
Hours: Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

H. Wife

10B. KIND OF BUSINESS OR
INDUSTRY

11. BIRTHPLACE (State or foreign country)

N. C.

12. CITIZEN OF
WHAT COUNTRY?

USA

13. FATHER'S NAME

?

14. MOTHER'S MAIDEN NAME

?

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)

no

16. SOCIAL
SECURITY NO.

none

17. INFORMANT

ADDRESS

Ernestine Jones 3137 Belmont Ave.

18. 331X

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)(A) ...
DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.(B) ...
DUE TO
(C) ...II
OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID (If in Baltimore City, give exact location)
INJURY OCCUR?21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

WHILE AT ☐ NOT WHILE ☐
WORK AT WORK

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 1/10/51, 19, to 3/23/53, 19, that I last saw the
deceased alive on 3/22/53, 19, and that death occurred at 7:00 p. m., from the causes and on the date stated above.

23A. SIGNATURE

William Danner

M. O.

23B. ADDRESS

753 Gay St

23C. DATE SIGNED

3/26/53

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

Burial

24B. DATE

3/28/53

24C. NAME OF CEMETERY OR CREMATORY

Mt Calvary

24D. LOCATION (City, town, or county)

Balto. Md.

(State)

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

Huntington Williams, M.D.

25. FUNERAL DIRECTOR

ADDRESS

Geo. G. Kelson 1303 Presstman St.

Geo. G. Kelson

VS 150

CERTIFICATE OF DEATH

BRANDSOME CITY HEALTH DEPARTMENT

03 1963

MADE IN U.S.A.

DATE OF DEATH

FILE NO.

10

DATE OF DEATH

10

DATE OF DEATH

10

CAUSE OF DEATH

DEATH OF CARDIAC ORIGIN
 1. MYOCARDIAL INFARCTION
 2. CORONARY ARTERY DISEASE
 3. HYPERTENSIVE HEART DISEASE
 4. AORTIC ANEURYSM
 5. OTHER

DEATH OF RESPIRATORY ORIGIN
 1. PNEUMONIA
 2. CHRONIC BRONCHITIS
 3. EMPHYSEMA
 4. OTHER

DATE OF DEATH

DATE OF DEATH

DATE OF DEATH

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DATE OF DEATH

**BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH**

Registered No. **53 3087**

320
3087
BIRTH NO.

1. NAME OF DECEASED (Type or Print) Catherine V. Stagge		2. DATE OF DEATH Mar 25, 1953	
3. PLACE OF DEATH: A. Baltimore City, Maryland 709 Linnard St		4. USUAL RESIDENCE (Where deceased lived, If institution: residence before admission) A. STATE Ind B. COUNTY 16-08	
B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location)		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore	
5. Length of stay in Baltimore Lifetime Yrs. 0 Mos. 0 Days 0		D. STREET ADDRESS (If rural, give location) 709 Linnard St	
5. SEX Female	6. COLOR OR RACE White	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Widowed	8. DATE OF BIRTH July 30, 1867
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) House Wife		10B. KIND OF BUSINESS OR INDUSTRY at Home	9. AGE (in years last birthday) 85
13. FATHER'S NAME Thomas Henthorn		11. BIRTHPLACE (State or foreign country) Baltimore Ind.	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)		12. CITIZEN OF WHAT COUNTRY?	
16. SOCIAL SECURITY NO.		14. MOTHER'S MAIDEN NAME Mary J. Moffett	
17. INFORMANT Mrs. John P. Miller		ADDRESS 709 Linnard St	

18. 181X DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) Carcinoma of bladder		INTERVAL BETWEEN ONSET AND DEATH Several years
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. Carcinomatosis involving lungs + abdomen.		" "
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. Chronic Bronchitis.		Sev. years.

19A. DATE OF OPERATION 0		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH <input type="checkbox"/>	21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)		
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY	21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21F. HOW DID INJURY OCCUR?		

I hereby certify that I attended the deceased from **April 10, 1948** to **March 25, 1953**, that I last saw the deceased alive on **March 25, 1953**, and that death occurred at **11-9 a. m.**, from the causes and on the date stated above.

23A. SIGNATURE Frank A. Opler		23B. ADDRESS 2701 N. Calvert St.		23C. DATE SIGNED March 25, 53
24A. BURIAL, CREMATION, REMOVAL (Specify)	24B. DATE Mar 28-1953	24C. NAME OF CEMETERY OR CREMATORY Louison Park	24D. LOCATION (City, town, or county) (State) Baltimore Ind	
DATE RECEIVED BY LOCAL REGISTRAR MAR 27 1953	REGISTRAR'S SIGNATURE Huntington Williams		25. FUNERAL DIRECTOR John F. Seufel	
		ADDRESS 5311 Edmondson Ave		

2701 N. Palmetto
Apt. 10

452
FVJ 168663
53 3088

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

53 3088
Registered No.

1. NAME OF DECEASED (Type or Print) Mary Frances Williams		2. DATE OF DEATH March 24, 1953	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived, if institution: residence before admission) A. STATE Maryland B. COUNTY	
5. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Baltimore City Hospitals 4940 Eastern Avenue		C. CITY OR TOWN (If outside corporate limits, write SURV. and give township) Baltimore	
6. Length of stay in Baltimore 30 yrs. Yrs. Mos. Days		D. STREET ADDRESS (If rural, give location) 1410 Barnes Street	
7. SEX F	8. COLOR OR RACE Negro	9. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Widowed	10. DATE OF BIRTH March 14, 1888
11. USUAL OCCUPATION (Give kind of work done during most of worklog life, even if retired)		12. AGE (in years last birthday) 65 If Under 1 Year Months Days If Under 24 Hours Hours Min.	
13. FATHER'S NAME Tom Mallory		14. BIRTHPLACE (State or foreign country) Virginia	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, oo or uokooow) (If yes, give war or dates of service)		16. CITIZEN OF WHAT COUNTRY?	
17. SOCIAL SECURITY NO.		18. MOTHER'S MAIDEN NAME Mary ?	
19. INFORMANT		20. ADDRESS B. C. H. 4940 Eastern Ave. (records)	

1B. 260X DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) Diabete Melletus - Diabetic Gangrene DUE TO		INTERVAL BETWEEN ONSET AND DEATH ?
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		

19A. DATE OF OPERATION 0		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH <input type="checkbox"/>	21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)		
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY	21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21F. HOW DID INJURY OCCUR?		
22. I hereby certify that I attended the deceased from 3-13- , 19 53 , to 3-24- , 19 53 , that I last saw the deceased alive on 3-24- , 19 53 , and that death occurred at 9:40 p.m. , from the causes and on the date stated above.				
23A. SIGNATURE H. C. Jones		23B. ADDRESS 4940 Eastern Avenue		23C. DATE SIGNED 3-24-53

24A. BURIAL, CREMATION, REMOVAL (Specify)	24B. DATE Mar 25th	24C. NAME OF CEMETERY OR CREMATORY Mt Calvary	24D. LOCATION (City, town, or county) (State) Brooklyn Md
DATE RECEIVED BY LOCAL REGISTRAR MAR 27 1953	REGISTRAR'S SIGNATURE Huntington Williams, M.D.	25. FUNERAL DIRECTOR Elroy O Wilson 1000 Brantley	

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. **53 3089**

530
53 3089
 BIRTH NO.

1. NAME OF DECEASED (Type or Print) Calvin Smith		2. DATE OF DEATH 3/25/53	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE md. B. COUNTY 16-03	
B. FULL NAME OF HOSPITAL OR INSTITUTION University Hospital		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore	
D. STREET ADDRESS (If rural, give location) 1108 Holmore St.		E. CITY OR TOWN (If outside corporate limits, write RURAL and give township)	
c. Length of stay in Baltimore		D. STREET ADDRESS (If rural, give location)	
5. SEX M	6. COLOR OR RACE C	7. SINGLE MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH ?
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) ?		10B. KIND OF BUSINESS OR INDUSTRY ?	
13. FATHER'S NAME ?		14. MOTHER'S MAIDEN NAME ?	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) ?		16. SOCIAL SECURITY NO. ?	
17. INFORMANT Hospital Records		ADDRESS	

18. 162x DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)		CAUSE OF DEATH		INTERVAL BETWEEN ONSET AND DEATH	
(A) DUE TO Intrapulmonary Hemorrhage		(B) DUE TO Atelectasis & Bronchogenic Carcinoma			
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.		(C) DUE TO Carcinoma			
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.					

19A. DATE OF OPERATION 0		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH		21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from 3/26 , 19 53 to 3/25 , 19 53 that I last saw the deceased alive on 3/25 , 19 53 and that death occurred at 12:25 p.m. , from the causes and on the date stated above.					
23A. SIGNATURE Ray P. ...		23B. ADDRESS		23C. DATE SIGNED	

24A. BURIAL, CREMATION, REMOVAL (Specify) Burial		24B. DATE 3/29/53		24C. NAME OF CEMETERY OR CREMATORY mt calvary	
24D. LOCATION (City, town, or county) Brooklyn md		(State) md		25. FUNERAL DIRECTOR W. O. Wilcox	
DATE RECEIVED BY LOCAL REGISTRAR MAR 27 1953		REGISTRAR'S SIGNATURE Huntington Williams		ADDRESS 1108 Holmore St.	

MEDICAL CERTIFICATION

CERTIFICATE OF DEATH

1. Name of Deceased		2. Date of Death	
3. Place of Birth		4. Date of Birth	
5. Sex		6. Race	
7. Occupation		8. Cause of Death	
9. Signature of Physician		10. Signature of Registrar	
11. Date of Certificate		12. Place of Death	
13. Name of Informant		14. Address of Informant	
15. Signature of Informant		16. Date of Informant's Statement	

TAYLOR
BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 53 3090

1. NAME OF DECEASED (Type or Print) <i>Gaylor Edmund</i>			2. DATE OF DEATH <i>3/24/53</i>		
3. PLACE OF DEATH: A. Baltimore City, Maryland <i>Balto. City</i>			4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE <i>Maryland</i> B. COUNTY <i>1</i>		
B. FULL NAME OF HOSPITAL OR INSTITUTION <i>Franklin Square Hospital</i>			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <i>Baltimore</i>		
C. Length of stay in Baltimore <i>10 yrs.</i>			D. STREET ADDRESS (If rural, give location) <i>920 Sarah Ann St.</i>		
5. SEX <i>Male</i>	6. COLOR OR RACE <i>Black</i>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <i>Single</i>	8. DATE OF BIRTH <i>5/31/1927</i>	9. AGE (In years last birthday) <i>25</i>	10. Under 1 Year Months: Days
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>Seaman</i>			10B. KIND OF BUSINESS OR INDUSTRY <i>On Naval</i>		
11. BIRTHPLACE (State or foreign country) <i>Virginia</i>			12. CITIZEN OF WHAT COUNTRY? <i>U.S.A.</i>		
13. FATHER'S NAME <i>Herbert Gaylor</i>			14. MOTHER'S MAIDEN NAME <i>Yones P</i>		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) <i>No</i>			16. SOCIAL SECURITY NO.		
17. INFORMANT <i>Hospital Records</i>			ADDRESS		

18. *142.1*

CAUSE OF DEATH

INTERVAL BETWEEN ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) *Massive internal Hemorrhage*
DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE, (A) STATING THE UNDERLYING CONDITION LAST.

(B) *Exsion left common carotid artery*
DUE TO

(C) *MYXO SARCOMA left parotid gland & extension*

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION <i>3/12/53</i>		19B. MAJOR FINDINGS OF OPERATION <i>Myxosarcoma left parotid gland & neck extension; Radical neck dissection plus Resection floor of mouth & mandible</i>		20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	

22. I hereby certify that I attended the deceased from *2/28*, 19*53*, to *3/24*, 19*53*, that I last saw the deceased alive on *3/23*, 19*53*, and that death occurred at *5 a* m., from the causes and on the date stated above.

23A. SIGNATURE <i>J. B. Anderson</i>	M. D.	23B. ADDRESS <i>Franklin Sq. Bldg</i>	23C. DATE SIGNED <i>3/24/53</i>
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24A. BURIAL, CREMATION, REMOVAL (Specify) <i>Burial</i>	24B. DATE <i>Mar. 28/53</i>	24C. NAME OF CEMETERY OR CREMATORY <i>Mt Calvary</i>	24D. LOCATION (City, town, or county) (State) <i>Brooklyn Md</i>
DATE RECEIVED BY LOCAL REGISTRAR <i>MAR 27 1953</i>		REGISTRAR'S SIGNATURE <i>Huntington Williams</i>	25. FUNERAL DIRECTOR <i>W. C. Gray & Wilson</i>

97099 1006 Brantley

MEDICAL CERTIFICATION

CERTIFICATE OF DEATH

1. Name of Deceased		2. Sex		3. Age	
4. Date of Death		5. Time of Death		6. Place of Death	
7. Cause of Death		8. Manner of Death		9. Signature of Physician	
10. Signature of Registrar		11. Signature of Coroner		12. Signature of Medical Examiner	
13. Signature of Burial Officer		14. Signature of Cemetery		15. Signature of Funeral Home	
16. Signature of Undertaker		17. Signature of Burial		18. Signature of Interment	
19. Signature of Burial		20. Signature of Interment		21. Signature of Burial	
22. Signature of Interment		23. Signature of Burial		24. Signature of Interment	
25. Signature of Burial		26. Signature of Interment		27. Signature of Burial	
28. Signature of Interment		29. Signature of Burial		30. Signature of Interment	
31. Signature of Burial		32. Signature of Interment		33. Signature of Burial	
34. Signature of Interment		35. Signature of Burial		36. Signature of Interment	
37. Signature of Burial		38. Signature of Interment		39. Signature of Burial	
40. Signature of Interment		41. Signature of Burial		42. Signature of Interment	
43. Signature of Burial		44. Signature of Interment		45. Signature of Burial	
46. Signature of Interment		47. Signature of Burial		48. Signature of Interment	
49. Signature of Burial		50. Signature of Interment		51. Signature of Burial	
52. Signature of Interment		53. Signature of Burial		54. Signature of Interment	
55. Signature of Burial		56. Signature of Interment		57. Signature of Burial	
58. Signature of Interment		59. Signature of Burial		60. Signature of Interment	
61. Signature of Burial		62. Signature of Interment		63. Signature of Burial	
64. Signature of Interment		65. Signature of Burial		66. Signature of Interment	
67. Signature of Burial		68. Signature of Interment		69. Signature of Burial	
70. Signature of Interment		71. Signature of Burial		72. Signature of Interment	
73. Signature of Burial		74. Signature of Interment		75. Signature of Burial	
76. Signature of Interment		77. Signature of Burial		78. Signature of Interment	
79. Signature of Burial		80. Signature of Interment		81. Signature of Burial	
82. Signature of Interment		83. Signature of Burial		84. Signature of Interment	
85. Signature of Burial		86. Signature of Interment		87. Signature of Burial	
88. Signature of Interment		89. Signature of Burial		90. Signature of Interment	
91. Signature of Burial		92. Signature of Interment		93. Signature of Burial	
94. Signature of Interment		95. Signature of Burial		96. Signature of Interment	
97. Signature of Burial		98. Signature of Interment		99. Signature of Burial	
100. Signature of Interment		101. Signature of Burial		102. Signature of Interment	

341
8091BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

53 3091

Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

George H. Adolph

2. DATE
OF
DEATH

March 26, 1953

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF
HOSPITAL OR
INSTITUTION

3403 Glenmore Avenue

4. USUAL RESIDENCE (Where deceased lived. If institution: residence
before admission)

A. STATE

Maryland

B. COUNTY

C. CITY OR TOWN (If outside corporate limits, write RURAL and give
township)

Baltimore

D. STREET ADDRESS (If rural, give location)

3403 Glenmore Avenue

c. Month of stay in Baltimore

Yrs.
Mos.
Days

5. SEX

male

6. COLOR OR RACE

white

7. SINGLE, MARRIED,

WIDOWED, DIVORCED (Specify)

married

8. DATE OF BIRTH

Nov. 14, 1874

9. AGE (In years
last birthday)

78

If Under 1 Year
Months DaysIf Under 24 Hours
Hours Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

City School

10B. KIND OF BUSINESS OR
INDUSTRY

Janitor

11. BIRTHPLACE (State or foreign country)

Baltimore, Maryland

12. CITIZEN OF
WHAT COUNTRY?

13. FATHER'S NAME

?

14. MOTHER'S MAIDEN NAME

Mary Howard

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown)

(If yes, give war or dates of service)

16. SOCIAL
SECURITY NO.

17. INFORMANT

ADDRESS

Mrs. Henrietta Adolph, 3403 Glenmore

18. 180X

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A)

DUE TO

carcinoma of kidney

1 yr.

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B)

DUE TO

(C)

II
OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR? (If in Baltimore City, give exact location)21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

WHILE AT ☐ NOT WHILE ☐
WORK AT WORK

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Oct 1, 1952, to Mar 26, 1953, that I last saw the
deceased alive on Mar 26, 1953, and that death occurred at 10:30 m., from the causes and on the date stated above.

23A. SIGNATURE

M. D.

23B. ADDRESS

23C. DATE SIGNED

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

Burial

24B. DATE

3/30/43

24C. NAME OF CEMETERY OR CREMATORY

Holy Redeemer Cem.

24D. LOCATION (City, town, or county)

(State)

Baltimore, Maryland

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

MAR 21 1953

Huntington Williams, M.D.

Leonard J. Ruck

5305 Harford Road.

VS 150

MEDICAL CERTIFICATION

CERTIFICATE OF DEATH

March 26, 1963

1963

CAUSE OF DEATH

CHIEF OF MEDICAL SERVICE

CHIEF OF MEDICAL SERVICE

CHIEF OF MEDICAL SERVICE

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BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

53 3092

Registered No.

BIRTH NO.

1. NAME OF DECEASED (Type or Print) LILIAN MABEL MILLER		2. DATE OF DEATH 3/26/53	
3. PLACE OF DEATH: A. Baltimore City, Maryland BALTIMORE		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Maryland B. COUNTY	
B. FULL NAME OF HOSPITAL OR INSTITUTION 3030 IONA TERRACE		C. CITY OR TOWN (If outside corporate limits, write RURAL, and give township) BALTIMORE 27-07	
C. Month of stay in Baltimore		D. STREET ADDRESS (If rural, give location) 3030 IONA TERRACE	
5. SEX Female	6. COLOR OR RACE White	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH 1897 June 18 - 1896
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) AT Home		10B. KIND OF BUSINESS OR INDUSTRY	9. AGE (In years last birthday) 55
13. FATHER'S NAME John G. MANN		11. BIRTHPLACE (State or foreign country) BALTIMORE - Md.	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)		12. CITIZEN OF WHAT COUNTRY?	
16. SOCIAL SECURITY NO.		14. MOTHER'S MAIDEN NAME Mary V. Whitaker	
17. INFORMANT Mr. George A. Miller-Iona Terrace		ADDRESS 3030	

18. 420.1 DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)		CAUSE OF DEATH		INTERVAL BETWEEN ONSET AND DEATH	
(A) ANTECEDENT CAUSES		(A) CORONARY OCCLUSION		1 DAY	
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.		(B) EPILEPSY		YRS	
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		(C) EPILEPSY			

19A. DATE OF OPERATION 0		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21A. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from 1945 , to 3/26/53 , that I last saw the deceased alive on 3/26/53 and that death occurred at 9 P. M. , from the causes and on the date stated above.					
23A. SIGNATURE Walter F. Kaufman		23B. ADDRESS 4331 Harford Rd		23C. DATE SIGNED 3/26/53	
24A. BURIAL, CREMATION, REMOVAL (Specify) Burial		24B. DATE 3-30-53		24C. NAME OF CEMETERY OR CREMATORY Parkwood Cem	
DATE RECEIVED BY LOCAL REGISTRAR MAR 27 1953		REGISTRAR'S SIGNATURE Huntington		25. FUNERAL DIRECTOR 5305 Harford Rd	

UNITED STATES DEPARTMENT OF JUSTICE
FEDERAL BUREAU OF INVESTIGATION
WASHINGTON, D. C. 20535

STATE OF NEW YORK

IN SENATE

REPORT OF THE
COMMISSIONER OF THE
DEPARTMENT OF SOCIAL SERVICES
ON THE
ADMINISTRATIVE AND FINANCIAL
OPERATIONS OF THE
DEPARTMENT OF SOCIAL SERVICES
FOR THE YEAR 1964

612
53 3093

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 53 3093

1. NAME OF DECEASED (Type or Print) <i>Alexander Jarvis</i>		2. DATE OF DEATH <i>Mar. 26-1953</i>	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE <i>Md</i> B. COUNTY	
B. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION <i>JOHNS HOPKINS HOSPITAL</i>		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <i>Baltimore 14-03</i>	
C. Length of stay in Baltimore Yrs. Mos. Days		D. STREET ADDRESS (If rural, give location) <i>570 Gold St.</i>	
5. SEX <i>male</i>	6. COLOR OR RACE <i>Colored</i>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH <i>4-23-1903</i>
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>Schauffner</i>		10B. KIND OF BUSINESS OR INDUSTRY	9. AGE (In years last birthday) <i>50</i>
13. FATHER'S NAME <i>Alexander Jarvis</i>		11. BIRTHPLACE (State or foreign country) <i>Baltimore Md</i>	12. CITIZEN OF WHAT COUNTRY?
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.	14. MOTHER'S MAIDEN NAME <i>Charlotte Elliott</i>
		17. INFORMANT <i>JOHNS HOPKINS HOSPITAL</i>	ADDRESS

18. <i>296x</i> DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.	CAUSE OF DEATH (A) <i>Cerebral Hemorrhage</i> DUE TO (B) <i>Thrombocytopenia</i> DUE TO (C) <i>Undetermined Cause</i>	INTERVAL BETWEEN ONSET AND DEATH <i>2d.</i> <i>4d.</i>
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II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONOITION CAUSING IT.		
19A. DATE OF OPERATION	19B. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
21A. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH	21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME (Month) (Day) (Year) (Hour) INJURY	21E. INJURY OCCURRED WHILE AT <input type="checkbox"/> WORK NOT WHILE AT WORK <input type="checkbox"/>	21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from *3-25-53* to *3-26-53*, that I last saw the deceased alive on *3-26-53* and that death occurred at *12:45* p. m., from the causes and on the date stated above.

23A. SIGNATURE <i>David Lukens</i>		23B. ADDRESS <i>JOHNS HOPKINS HOSPITAL</i>		23C. DATE SIGNED	
24A. BURIAL, CREMATION, REMOVAL (Specify)	24B. DATE <i>Mar-30-53</i>	24C. NAME OF CEMETERY OR CREMATORY <i>Mt. Calvary</i>	24D. LOCATION (City, town, or county) (State) <i>Baltimore Md</i>		
DATE RECEIVED BY LOCAL REGISTRAR <i>MAR 27 1953</i>	REGISTRAR'S SIGNATURE <i>Huntington Williams</i>	25. FUNERAL DIRECTOR <i>Brooke Ruggold</i>	ADDRESS <i>14637 Canyon</i>		

683 52

STATE OF NEW YORK
OFFICE OF THE ATTORNEY GENERAL

IN SENATE,
January 10, 1900.

REPORT
OF THE
COMMISSIONERS OF THE LAND OFFICE
IN RESPONSE TO A RESOLUTION
PASSED BY THE SENATE
JANUARY 10, 1899.

ALBANY:
J.B. LIPPINCOTT & CO.,
PRINTERS,
1899.

THE LAND OFFICE
OF THE STATE OF NEW YORK
HAS THE HONOR TO ACKNOWLEDGE
THE RECEIPT OF THE ABOVE
REPORT, AND TO STATE THAT
IT IS HEREBY RECOMMENDED
THAT THE SAME BE
PRINTED AND
DISTRIBUTED TO THE
MEMBERS OF THE SENATE
AND THE HOUSE OF ASSEMBLY.
AT ALBANY, N. Y.,
JANUARY 10, 1900.

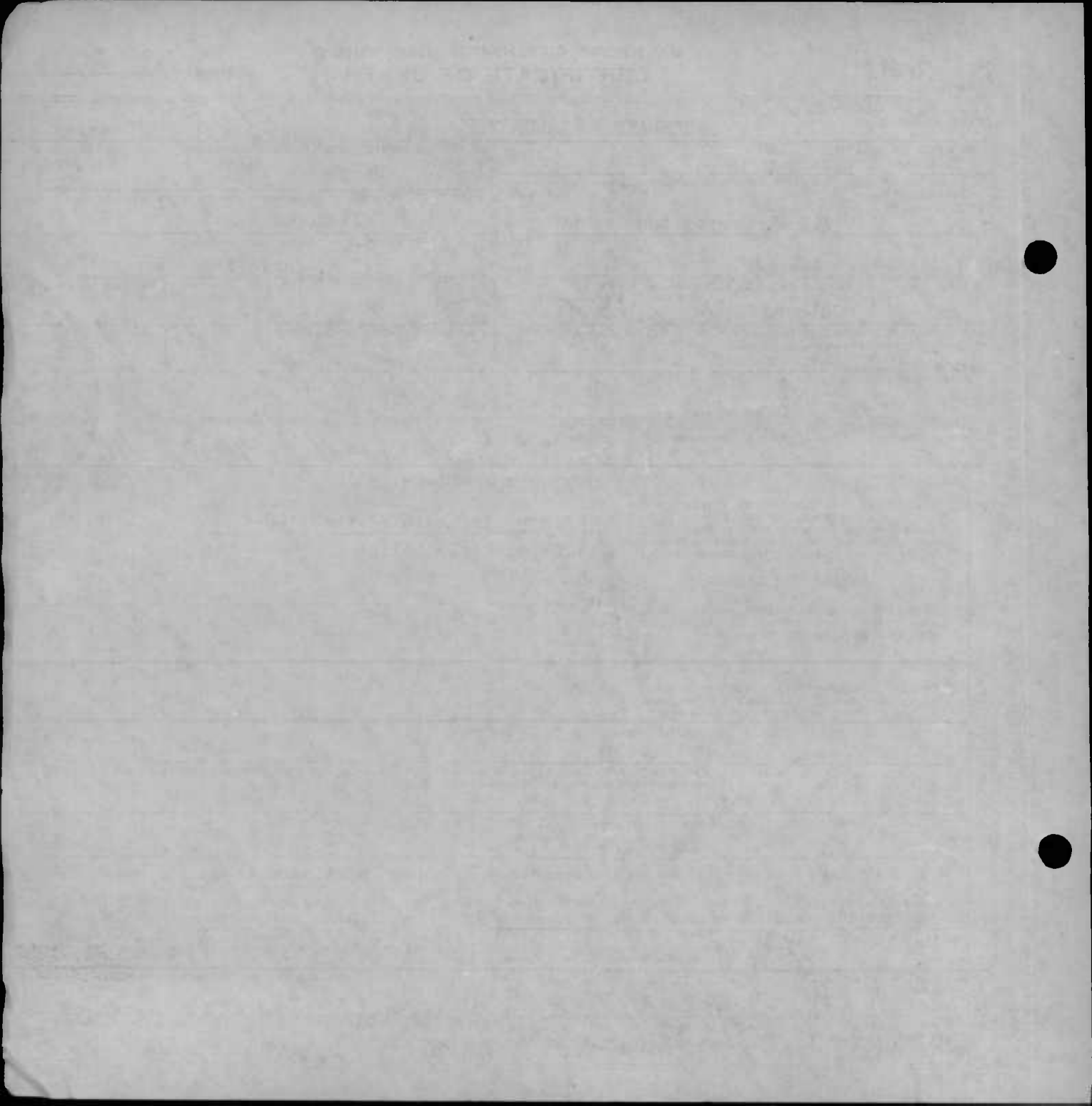
BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATHRegistered No. **53 3094**

L-522
53 3094
BIRTH NO.

1. NAME OF DECEASED (Type or Print) BERNARD LANCASTER			2. DATE OF DEATH March 24, 1953		
3. PLACE OF DEATH: A. Baltimore City, Maryland			4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Maryland B. COUNTY		
B. FULL NAME OF (If not in hospital or institution, give street address or location) 412 N. Carrollton Avenue			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore		
c. Length of stay in Baltimore			D. STREET ADDRESS (If rural, give location) 412 N. Carrollton Avenue		
5. SEX Male	6. COLOR OR RACE Colored	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Widowed	8. DATE OF BIRTH Oct. 19, 1896	9. AGE (in years last birthday) 56	10. Under 1 Year Months: Days: Hours: Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Truck driver		10B. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) Balto. Md.		12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME John Lancaster			14. MOTHER'S MAIDEN NAME Laura		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes or no, if unknown) (If yes, give war or dates of service) No.		16. SOCIAL SECURITY NO.	17. INFORMANT Mary Lancaster		
			ADDRESS 1628 N. Hilmar St.		

18. 581.1 DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) Fatty cirrhosis of the liver DUE TO Chronic alcoholism	CAUSE OF DEATH	INTERVAL BETWEEN ONSET AND DEATH
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. (B) (C)		
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		

19A. DATE OF OPERATION		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
21A. EXTERNAL CAUSE WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH.	21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)			
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY	21E. INJURY OCCURRED WHILE AT <input type="checkbox"/> WORK NOT WHILE AT WORK <input type="checkbox"/>	21F. HOW DID INJURY OCCUR?			
22. I certify that I took charge of the remains described above, held an <u>partial autopsy</u> thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes <input checked="" type="checkbox"/> , accident <input type="checkbox"/> , suicide <input type="checkbox"/> , homicide <input type="checkbox"/> , undetermined <input type="checkbox"/> .					
23A. SIGNATURE R. F. Fisher		23B. CHIEF MEDICAL EXAMINER <input checked="" type="checkbox"/> ASSISTANT MEDICAL EXAMINER <input type="checkbox"/> MEDICAL INVESTIGATOR <input type="checkbox"/>		23C. DATE SIGNED March 24, 1953	
24A. BURIAL, CREMATION, REMOVAL (Specify)	24B. DATE Mar. 28, 1953	24C. NAME OF CEMETERY OR CREMATORY Wm. T. Calverton Cem.	24D. LOCATION (City, town, or county) (State) Balto. Md.		
DATE RECEIVED BY LOCAL REGISTRAR MAR 27 1953	REGISTRAR'S SIGNATURE Huntington Williams, M.D.	25. FUNERAL DIRECTOR Mrs. Kate R. Williams		ADDRESS Schroeder St.	



BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATHRegistered No. **53 3095**

BIRTH NO. 53 3095		1. NAME OF DECEASED (Type or Print) ISAIAH YARBOROUGH		2. DATE OF DEATH March 23, 1953	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Maryland B. COUNTY 14-01			
B. FULL NAME OF HOSPITAL OR INSTITUTION Provident Hospital		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore			
c. Length of stay in Baltimore Yrs. Mos. Days		D. STREET ADDRESS (If rural, give location) 240 Laurens Street			
5. SEX Male	6. COLOR OR RACE Colored	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH June 20, 1902	9. AGE (in years last birthday) 50	If Under 1 Year Months: Days: Hours: Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Laborer		10B. KIND OF BUSINESS OR INDUSTRY Construction		11. BIRTHPLACE (State or foreign country) Winnston S.C.	
13. FATHER'S NAME Fred Yarbrough		14. MOTHER'S MAIDEN NAME Bessie Harris			
15. WAS DECEASED EVER IN U. S. ARMED FORCES (Yes, no or unknown) No		16. SOCIAL SECURITY NO.		17. INFORMANT Clara Yarbrough	
18. 420.1 DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) Arteriosclerotic Cardiovascular Disease		INTERVAL BETWEEN ONSET AND DEATH			
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. Coronary Occlusion		(C)			
11 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.					
19A. DATE OF OPERATION		19B. MAJOR FINDINGS OF OPERATION			20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
21A. EXTERNAL CAUSE WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH.		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I certify that I took charge of the remains described above, held an <u>partial autopsy</u> thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes <input checked="" type="checkbox"/> , accident <input type="checkbox"/> , suicide <input type="checkbox"/> , homicide <input type="checkbox"/> , undetermined <input type="checkbox"/> .					
23A. SIGNATURE William V. Smith		23B. CHIEF MEDICAL EXAMINER..... M.D. ASSISTANT MEDICAL EXAMINER..... MEDICAL INVESTIGATOR.....		23C. DATE SIGNED 3/23/53	
24A. BURIAL, CREMATION, REMOVAL (Specify) Burial	24B. DATE Mar. 28-53	24C. NAME OF CEMETERY OR CREMATORY Wt. Calvary Cem.		24D. LOCATION (City, town, or county) (State) Cedar Hill Md.	
DATE RECEIVED BY LOCAL REGISTRAR MAR 21 1953	REGISTRAR'S SIGNATURE William V. Smith	25. FUNERAL DIRECTOR Mrs. Kate R. Williams		ADDRESS 322 N. Schenck St.	

1952

23

STATE OF NEW YORK
DEPARTMENT OF HEALTH
OFFICE OF THE COMMISSIONER
BUREAU OF VITAL RECORDS
CERTIFICATE OF DEATH

1952

1. Name of Deceased: _____

2. Sex: _____

3. Age: _____

4. Date of Birth: _____

5. Date of Death: _____

6. Place of Death: _____

7. Cause of Death: _____

8. Signature of Physician: _____

9. Signature of Registrar: _____

10. Signature of Coroner: _____

11. Signature of Medical Examiner: _____

12. Signature of Funeral Home: _____

13. Signature of Family: _____

14. Signature of Other: _____

15. Signature of Other: _____

16. Signature of Other: _____

17. Signature of Other: _____

18. Signature of Other: _____

19. Signature of Other: _____

20. Signature of Other: _____

21. Signature of Other: _____

22. Signature of Other: _____

23. Signature of Other: _____

24. Signature of Other: _____

25. Signature of Other: _____

26. Signature of Other: _____

27. Signature of Other: _____

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50. Signature of Other: _____

51. Signature of Other: _____

52. Signature of Other: _____

53. Signature of Other: _____

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89. Signature of Other: _____

90. Signature of Other: _____

91. Signature of Other: _____

92. Signature of Other: _____

93. Signature of Other: _____

94. Signature of Other: _____

95. Signature of Other: _____

96. Signature of Other: _____

97. Signature of Other: _____

98. Signature of Other: _____

99. Signature of Other: _____

100. Signature of Other: _____

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

Registered No. **53 3096**

BIRTH NO. **B-630** **3096**

1. NAME OF DECEASED (Type or Print) FRANK BARTH		2. DATE OF DEATH March 25, 1953	
3. PLACE OF DEATH: a. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Maryland b. COUNTY 46-07	
b. FULL NAME OF HOSPITAL OR INSTITUTION Baltimore City Hospitals		c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore	
c. Length of stay in Baltimore Life Yrs. Life Mos. Life Days Life		d. STREET ADDRESS (If rural, give location) 604 S. Oldham Street	
5. SEX Male	6. COLOR OR RACE White	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) widowed	8. DATE OF BIRTH 10-23-76
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired		10b. KIND OF BUSINESS OR INDUSTRY	9. AGE (In years last birthday) 76
13. FATHER'S NAME unknown		11. BIRTHPLACE (State or foreign country) Baltimore - Md.	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
16. SOCIAL SECURITY NO.		14. MOTHER'S MAIDEN NAME unknown	
17. INFORMANT Erhard M. Barth		ADDRESS same	

18. **422.1**
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)
Arteriosclerotic cardiovascular disease

INTERVAL BETWEEN ONSET AND DEATH

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(A) DUE TO

(B) DUE TO

(C) DUE TO

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION
19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☒ NO ☐

21A. EXTERNAL CAUSE WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH.

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21c. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21d. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED
WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I certify that I took charge of the remains described above, held an **Partial Autopsy** thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: **natural causes** ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐.

23A. SIGNATURE
William J. Smith

23B. CHIEF MEDICAL EXAMINER ☐ ASSISTANT MEDICAL EXAMINER ☒ M.D. MEDICAL INVESTIGATOR

23c. DATE SIGNED
March 26, 1953

24A. BURIAL, CREMATION, REMOVAL (Specify)

24B. DATE

24c. NAME OF CEMETERY OR CREMATORY

24d. LOCATION (City, town, or county)

(State)

Burial
3-28-53
Holy Redeemer
Baltimore - Md.

DATE RECEIVED BY LOCAL REGISTRAR
MAR 27 1953

REGISTRAR'S SIGNATURE
Huntington

25. FUNERAL DIRECTOR
Lilly & Zilberch - 403 S. Wolfe

ADDRESS
Lilly

ON THE ONE HUNDREDTH DAY
OF THE YEAR 1900
CERTIFICATE OF DEATH

State of New York
County of New York
I, the undersigned, a Justice of the Peace for the County of New York, do hereby certify that on the one hundredth day of the year 1900, at the City of New York, in the County of New York, died *John J. Smith*, a male, of the age of *45* years, who was born on the *15th* day of *March*, 1855, at *New York City*, New York, and who was a resident of the City of New York, in the County of New York, at the time of his death.

Witness my hand and the seal of my office this *10th* day of *April*, 1900.
John J. Smith
Justice of the Peace for the County of New York

- 250
53 3097

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

53 3097
Registered No.

1. NAME OF DECEASED (Type or Print) Emma J. Dixon			2. DATE OF DEATH March 25, 1953		
3. PLACE OF DEATH: A. Baltimore City, Maryland			4. USUAL RESIDENCE (Where deceased lived, If institution: residence before admission) A. STATE Md. B. COUNTY Baltimore		
B. FULL NAME OF HOSPITAL OR INSTITUTION 409 E. Cross St.,			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore		
C. Length of stay in Baltimore 69- Yrs. Mos. Days			D. STREET ADDRESS (If rural, give location) 409 E. Cross St.,		
5. SEX Female	6. COLOR OR RACE White	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Widowed	8. DATE OF BIRTH Oct. 26, 1883	9. AGE (In years last birthday) 69	10. Under 1 Year Months: Days 11. Under 24 Hours Hours: Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) House-wife		10B. KIND OF BUSINESS OR INDUSTRY --		11. BIRTHPLACE (State or foreign country) Md.	
13. FATHER'S NAME Edward Lowry			14. MOTHER'S MAIDEN NAME Mary Eulitt		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) no		16. SOCIAL SECURITY NO. none		17. INFORMANT ADDRESS Gertrude Dixon 409 E. Cross St.,	
18. 443X DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) Cerebral Apoplexy DUE TO ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. Arterio sclerosis, hypertension DUE TO Myocarditis DUE TO II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.			INTERVAL BETWEEN ONSET AND DEATH		
19A. DATE OF OPERATION 0		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH <input type="checkbox"/>		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.) ---		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location) ---	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY ---		21E. INJURY OCCURRED WHILE AT WORK <input checked="" type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR? ---	
22. I hereby certify that I attended the deceased from 1/10 19 53 , to 3/25 , 19 53 , that I last saw the deceased alive on 3/25 , 19 53 , and that death occurred at 7:00 p. m., from the causes and on the date stated above.					
23A. SIGNATURE John A. Schenck		23B. ADDRESS 1337 S. Charles St.		23C. DATE SIGNED 3/27/53	
24A. BURIAL, CREMATION, REMOVAL (Specify) Burial		24B. DATE 3-28-1953		24C. NAME OF CEMETERY OR CREMATORY Cedar Hill	
24D. LOCATION (City, town, or county) (State) Brooklyn, Md.		25. FUNERAL DIRECTOR ADDRESS Howard Strong 3207 W. North Ave.,			
DATE RECEIVED BY LOCAL REGISTRAR MAR 27 1953		REGISTRAR'S SIGNATURE Huntington Williams, M.D.			

MEDICAL CERTIFICATION

Dr J.A. Scherich

1337 S. Charles St. P/ 8/18

1.00 Pm

655
3 3098BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH53 3098
Registered No.

1. NAME OF DECEASED (Type or Print)		MINNIE KEHRMAN		2. DATE OF DEATH Mar. 27, 1953	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Md. B. COUNTY			
5. FULL NAME OF DECEASED (If not in hospital or institution, give street address or location) 5601 South Bend Rd.		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore 27-15			
6. Length of stay in Baltimore Yrs. Mos. Days		D. STREET ADDRESS (If rural, give location) 5601 South Bend Rd.			
5. SEX female	6. COLOR OR RACE white	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) widowed	8. DATE OF BIRTH Mar. 8, 1880	9. AGE (in years last birthday) 73	10. Under 1 Year Months: Days
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) housewife		10B. KIND OF BUSINESS OR INDUSTRY at home		11. BIRTHPLACE (State or foreign country) New York	
12. CITIZEN OF WHAT COUNTRY?		13. FATHER'S NAME Simm Glicklich		14. MOTHER'S MAIDEN NAME Eva (Unknown)	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) no		16. SOCIAL SECURITY NO. none		17. INFORMANT ADDRESS Mrs. Benjamin Abeshouse-5601 South Bend Rd.	
18. 443X DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) DUE TO A. acute Cardiac Disturbance B. Hypertensive Cardiac Disturbance C. ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. DUE TO II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.				INTERVAL BETWEEN ONSET AND DEATH 1 day 2 years	
19A. DATE OF OPERATION 0		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from 8/51, 1951, to 3/27, 1953, that I last saw the deceased alive on 3/27, 1953, and that death occurred at 11 A. m., from the causes and on the date stated above.					
23A. SIGNATURE J. J. M. J.		23B. ADDRESS 2324 E. Howard St. M. D.		23C. DATE SIGNED 3/27/53	
24A. BURIAL, CREMATION, REMOVAL (Specify) Removal		24B. DATE 3/27/53		24C. NAME OF CEMETERY OR CREMATORY Mt. Mainonides	
24D. LOCATION (City, town, or county) (State) Long Island, N. Y.		25. FUNERAL DIRECTOR J. J. M. J.		25. ADDRESS Baltimore 17, Md.	

STATE OF NEW YORK
DEPARTMENT OF HEALTH
BUREAU OF VITAL RECORDS

CERTIFICATE OF DEATH

STATE OF NEW YORK

DEPARTMENT OF HEALTH
BUREAU OF VITAL RECORDS
ALBANY, N. Y.

1910

**BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH**

53 3099
Registered No. _____

1. NAME OF DECEASED
(Type or Print) **Baby Gin L Fitter**

2. DATE OF DEATH **3-21-53**

3. PLACE OF DEATH:
A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE **md.** B. COUNTY _____

5. FULL NAME OF HOSPITAL OR INSTITUTION
JOHNS HOPKINS HOSPITAL

6. CITY OR TOWN (If outside corporate limits, write FULL and give township)
Baltimore 16-01

7. STREET ADDRESS (If rural, give location)
1101 Stockton St.

8. DATE OF BIRTH **3-21-53**

9. AGE (In years last birthday) _____ If Under 1 Year: Months: Days _____ If Under 24 Hours: Hours: Min. **2 42**

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) _____

10B. KIND OF BUSINESS OR INDUSTRY _____

11. BIRTHPLACE (State or foreign country) **Balto., Maryland**

12. CITIZEN OF WHAT COUNTRY? _____

13. FATHER'S NAME **?**

14. MOTHER'S MAIDEN NAME **Pearl Fitter**

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) _____

16. SOCIAL SECURITY NO. _____

17. INFORMANT ADDRESS
JOHNS HOPKINS HOSPITAL

18. 762.5 I DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

CAUSE OF DEATH

Anoxia

ATELECTASIS

PREMATURITY

INTERVAL BETWEEN ONSET AND DEATH
2 hr.
2 hr.

19. ANTECEDENT CAUSES
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION **0** **19B. MAJOR FINDINGS OF OPERATION** **NONE**

20. AUTOPSY? YES ☐ NO ☐

21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH **No**

21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) _____

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location) _____

21D. TIME (Month) (Day) (Year) (Hour) INJURY _____

21E. INJURY OCCURRED WHILE AT WORK ☐ **NOT WHILE AT WORK** ☐

21F. HOW DID INJURY OCCUR? _____

22. I hereby certify that I attended the deceased from 2:30 pm 3-21, 1953 to 3:12 pm 3-21/1953 that I last saw the deceased alive on 3:12 pm 3-21/1953, and that death occurred at 3:12 p.m., from the causes and on the date stated above.

23A. SIGNATURE **H. Neil Kirkman** **23B. ADDRESS** **JOHNS HOPKINS HOSPITAL** **23C. DATE SIGNED** **3-21-53**

24A. BURIAL, CREMATION, REMOVAL (Specify) _____ **24B. DATE** _____ **24C. NAME OF CEMETERY OR CREMATORY** **Hope Orphan** **24D. LOCATION (City, town, or county) (State)** _____

DATE RECEIVED BY LOCAL REGISTRAR **REGISTRAR'S SIGNATURE** **Huntington Williams, M.D.** **25. FUNERAL DIRECTOR ADDRESS** _____

MEDICAL CERTIFICATION

SMITHSONIAN INSTITUTION
 CERTIFICATE OF DEATH

3-21-13

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BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

53 3100

Registered No. _____

Hospital Disposal
H-5553 3100
BIRTH NO. 53-06983

1. NAME OF DECEASED (Type or Print) <i>Baby Girl Hammond</i>			2. DATE OF DEATH <i>March 19, 1953</i>		
3. PLACE OF DEATH: A. Baltimore City, Maryland			4. USUAL RESIDENCE (Where deceased lived, if institution: residence before admission) A. STATE <i>md.</i> B. COUNTY <i>Baltimore</i>		
B. FULL NAME OF HOSPITAL OR INSTITUTION <i>JOHNS HOPKINS HOSPITAL</i>			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <i>Reisterstown</i>		
c. Length of stay in Baltimore Yrs. Mos. Days			D. STREET ADDRESS (If rural, give location) <i>Reisterstown Road 5300</i>		
5. SEX <i>Female</i>	6. COLOR OR RACE <i>White</i>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <i>Single</i>	8. DATE OF BIRTH <i>3-19-53</i>		9. AGE (In years last birthday) <i>1</i>
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10B. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) <i>md.</i>	
13. FATHER'S NAME <i>William H Hammond</i>			14. MOTHER'S MAIDEN NAME <i>Louise</i>		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.		17. INFORMANT ADDRESS <i>JOHNS HOPKINS HOSPITAL</i>	

18. <i>762.5</i> DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.	CAUSE OF DEATH <i>atelectasis</i> <i>prematurity</i>	INTERVAL BETWEEN ONSET AND DEATH <i>life</i>
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		

19A. DATE OF OPERATION <i>0</i>		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
21A. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING CAUSE OF DEATH <input type="checkbox"/>	21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)			
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY	21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21F. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from <i>3-18</i> , 19 <i>53</i> , to <i>3-18</i> , 19 <i>53</i> , that I last saw the deceased alive on <i>3-18</i> , 19 <i>53</i> , and that death occurred at <i>9:07 P.m.</i> , from the causes and on the date stated above.					
23A. SIGNATURE <i>Neil H. Lane</i>		23B. ADDRESS <i>JOHNS HOPKINS HOSPITAL</i>		23C. DATE SIGNED <i>3/20/53</i>	
24A. BURIAL, CREMATION, REMOVAL (Specify)	24B. DATE	24C. NAME OF CEMETERY OR CREMATORY <i>Forest Burial</i>		24D. LOCATION (City, town, or county) (State)	
DATE RECEIVED BY LOCAL REGISTRAR <i>MAR 27 1953</i>		REGISTRAR'S SIGNATURE <i>Huntington Williams, M.D.</i>		25. FUNERAL DIRECTOR ADDRESS	

MEDICAL CERTIFICATION

RECEIVED
FEBRUARY 1941
U.S. DEPARTMENT OF HEALTH

10-11-41

520
BIRTH NO. 3101BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 53 3101

1. NAME OF DECEASED (Type or Print) <i>Joseph Vincy</i>			2. DATE OF DEATH <i>March 25, 1953</i>		
3. PLACE OF DEATH: A. Baltimore City, Maryland			4. USUAL RESIDENCE (Where deceased lived, If institution: residence before admission) A. STATE <i>Maryland</i> B. COUNTY <i>9-87</i>		
5. FULL NAME OF (If not in hospital or institution, give street address or location) <i>South Baltimore General Hospital</i>			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <i>Baltimore</i>		
6. Length of stay in Baltimore <i>40 yrs.</i>			D. STREET ADDRESS (If rural, give location) <i>2552 Robt St.</i>		
5. SEX <i>Male</i>	6. COLOR OR RACE <i>White</i>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <i>Married</i>	8. DATE OF BIRTH <i>JAN. 14, 18</i>	9. AGE (in years last birthday) <i>35</i>	10. Under 1 Year Months: Days: 11. Under 24 Hours: Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>Laborer</i>			10B. KIND OF BUSINESS OR INDUSTRY		
13. FATHER'S NAME <i>Joseph Pisci</i>			12. CITIZEN OF WHAT COUNTRY? <i>Italy</i>		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)			16. SOCIAL SECURITY NO. <i>mod-</i>		
17. INFORMANT <i>Consuela Pusinsky</i>			ADDRESS <i>2552 Robt St.</i>		

18. *420.0*

CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A)

DUE TO

*Arteriosclerotic Heart Disease*INTERVAL BETWEEN ONSET AND DEATH
2 yrs.

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B)

DUE TO

(C)

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.*Chronic Anemia, Secondary to Gastro-intestinal bleeding, etiology undetermined*

19A. DATE OF OPERATION <i>0</i>		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH <input type="checkbox"/>		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT <input type="checkbox"/> WORK NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	

22. I hereby certify that I attended the deceased from *March 13, 1953*, to *March 25, 1953*, that I last saw the deceased alive on *March 25, 1953*, and that death occurred at *3:30* m., from the causes and on the date stated above.

23A. SIGNATURE <i>W. Wilsonway</i>		23B. ADDRESS <i>South Baltimore Genl Hosp.</i>		23C. DATE SIGNED	
24A. BURIAL, CREMATION, REMOVAL (Specify) <i>Burial</i>		24B. DATE <i>March 30, 1953</i>		24C. NAME OF CEMETERY OR CREMATORY <i>St. Paul's Cathedral</i>	
24D. LOCATION (City, town, or county) (State) <i>Fredrick Ave. Md.</i>		25. FUNERAL DIRECTOR <i>312</i>		ADDRESS <i>Highland Ave.</i>	
DATE RECEIVED BY LOCAL REGISTRAR <i>MAR 27 1953</i>		REGISTRAR'S SIGNATURE <i>Huntington Williams, Jr.</i>		25. FUNERAL DIRECTOR <i>312</i>	

Copy

MAY 17 85

John H. ...
John H. ...

Committee of ...
Committee of ...

Committee of ...
Committee of ...

**BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH**

Registered No. **53 3102**

BIRTH NO.

1. NAME OF DECEASED (Type or Print) DAVID EUGENE MC KINLEY			2. DATE OF DEATH Mar. 27, 1953		
3. PLACE OF DEATH: A. Baltimore City, Maryland			4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Maryland B. COUNTY		
B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) US Public Health Service Hospital Wyman Pk. Drive & 31st Street			C. CITY OR TOWN (If outside corporate limits, write RURAL, and give township) Baltimore		
C. Length of stay in Baltimore 7 years			D. STREET ADDRESS (If rural, give location) 1718 Abbottston St.		
5. SEX M	6. COLOR OR RACE W	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) child	8. DATE OF BIRTH 3/21/46		9. AGE (In years last birthday) 7
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) child		10B. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) Maryland		12. CITIZEN OF WHAT COUNTRY? USA
13. FATHER'S NAME Eugene Mc Kinley			14. MOTHER'S MAIDEN NAME Viola Crowther		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) No		16. SOCIAL SECURITY NO. None	17. INFORMANT ADDRESS Records- US PHS Hospital, Bal to, Md.		

18. 204.3 DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) Acute leukemia		INTERVAL BETWEEN ONSET AND DEATH 12 mos.
(A) DUE TO		
ANTECEDENT CAUSES		
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.		(B) DUE TO
(C)		
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		

19A. DATE OF OPERATION 0		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH <input type="checkbox"/>		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from Mar. 11 , 19 53 , to Mar. 27 , 19 53 , that I last saw the deceased alive on Mar. 27 , 19 53 , and that death occurred at 5:05A m., from the causes and on the date stated above.					
23A. SIGNATURE J.A. Hunter		23B. ADDRESS US PHS Hospital, Bal to, Md.		23C. DATE SIGNED 3/27/53	
24A. BURIAL, CREMATION, REMOVAL (Specify) Burial		24B. DATE 3/29/53		24C. NAME OF CEMETERY OR CREMATORY Nazareth	
24D. LOCATION (City, town, or county) (State) Bal. Co, Harford Md		25. FUNERAL DIRECTOR ADDRESS Charles E. Fuchs Garrett			
DATE RECEIVED BY LOCAL REGISTRAR MAR 28 1953		REGISTRAR'S SIGNATURE Huntington Williams			

UNITED STATES DEPARTMENT OF THE ARMY
OFFICE OF THE CHIEF OF MEDICAL SERVICE

Form 100-10 (Rev. 1-15-60)

1. NAME (Last, first, middle initial)

2. GRADE OR RATE

3. BRANCH

4. ORGANIZATION

5. ADDRESS

6. CITY

7. STATE

8. ZIP CODE

9. SOCIAL SECURITY NUMBER

10. DATE OF BIRTH

11. SEX

12. RACE

13. RELIGION

14. EDUCATION

15. OCCUPATION

16. EMPLOYMENT HISTORY

17. REFERENCES

18. COMMENTS

19. SIGNATURE

20. DATE

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATHRegistered No. **53 3103**BIRTH NO. **W-435 3103**

1. NAME OF DECEASED (Type or Print) ROSETTA WALTON			2. DATE OF DEATH March 26, 1953		
3. PLACE OF DEATH: A. Baltimore City, Maryland Balto. City			4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Maryland B. COUNTY 5-01		
B. FULL NAME OF (If not in hospital or institution, give street address or location) Baltimore City Morgue			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore		
c. Length of stay in Baltimore Life Yrs. Mos. Days			D. STREET ADDRESS (If rural, give location) 1409 Tenpin Alley		
5. SEX Female	6. COLOR OR RACE Colored	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Widow	8. DATE OF BIRTH July-12-1881	9. AGE (In years last birthday) 71	If Under 1 Year Months Days If Under 24 Hours Hours Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10B. KIND OF BUSINESS OR INDUSTRY Home	11. BIRTHPLACE (State or foreign country) Baltimore		12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME William F. Bush			14. MOTHER'S MAIDEN NAME Martha Pinkney		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) No		16. SOCIAL SECURITY NO.	17. INFORMANT ADDRESS Homai Lockett 824 Tysue St		

18. **322.0**

CAUSE OF DEATH

INTERVAL BETWEEN ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)(A) **Acute alcoholism**

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

DUE TO

(C)

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☒ NO ☐21A. EXTERNAL CAUSE WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH.

21B. PLACE OF INJURY (a. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED

WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I certify that I took charge of the remains described above, held an **Autopsy** thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐.

23A. SIGNATURE

23B. CHIEF MEDICAL EXAMINER ☐ ASSISTANT MEDICAL EXAMINER ☒ M.D. MEDICAL INVESTIGATOR ☐

23C. DATE SIGNED

March 26, 1953

24A. BURIAL, CREMATION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county)

(State)

Burial**3/28/1953****Mt Calvary Cem.****Brooklyn Md.**

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

BALTIMORE AND ANNE ARUNDEL COUNTY
CERTIFICATE OF DEATH

FILE NO.

DATE OF DEATH

TIME OF DEATH

PLACE OF DEATH

CAUSE OF DEATH

BY

SIGNATURE

REGISTERED

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH53 3104
Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Louis THOMAS

2. DATE
OF
DEATH

3/24/53

3. PLACE OF DEATH:

a. Baltimore City, Maryland

Baltimore, Md

4. USUAL RESIDENCE (Where deceased lived, if institution; residence before admission)

a. STATE

b. COUNTY

Maryland

b. FULL NAME OF
HOSPITAL OR
INSTITUTION

Baltimore City Morgue

c. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Baltimore

5-01

d. STREET ADDRESS (If rural, give location)

117 N. Eden St

c. Length of stay in Baltimore

7

Yrs.
Mos.
Days

5. SEX

m

6. COLOR OR RACE

C

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

P

8. DATE OF BIRTH

P

9. AGE (In years
last birthday)

65

If Under 1 Year
Months: DaysIf Under 24 Hours
Hours: Min.10a. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

Librarian

10b. KIND OF BUSINESS OR
INDUSTRY

on General

11. BIRTH PLACE (State or foreign country)

P

12. CITIZEN OF
WHAT COUNTRY?

U. S. A

13. FATHER'S NAME

unknown

14. MOTHER'S MAIDEN NAME

unknown

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)

no

16. SOCIAL
SECURITY NO.

17. INFORMANT

P

ADDRESS

18. 420.0

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A) DUE TO

ARTERIO SCLEROTIC
HEART DISEASE

ANTECEDENT CAUSES

(B) DUE TO
(C)DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

II

OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒21A. EXTERNAL CAUSE WAS
UNDERLYING ☐ OR CONTRIB-
UTING ☐ CAUSE OF DEATH.21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR? (If in Baltimore City, give exact location)21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY21E. INJURY OCCURRED
WHILE AT ☐ NOT WHILE
WORK AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I certify that I took charge of the remains described above, held an Inspection thereon and from
Autopsy, Inspection or Inquiry
the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above,
and death in my opinion resulted from: natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐.

23A. SIGNATURE

B. Fisher

23B. CHIEF MEDICAL EXAMINER.....
ASSISTANT MEDICAL EXAMINER.....
MEDICAL INVESTIGATOR.....

23C. DATE SIGNED

3/25/53

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

24B. DATE

3/28/53

24C. NAME OF CEMETERY OR CREMATORY

Mt Calvary Cem.

24D. LOCATION (City, town, or county)

Brooklyn Md

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

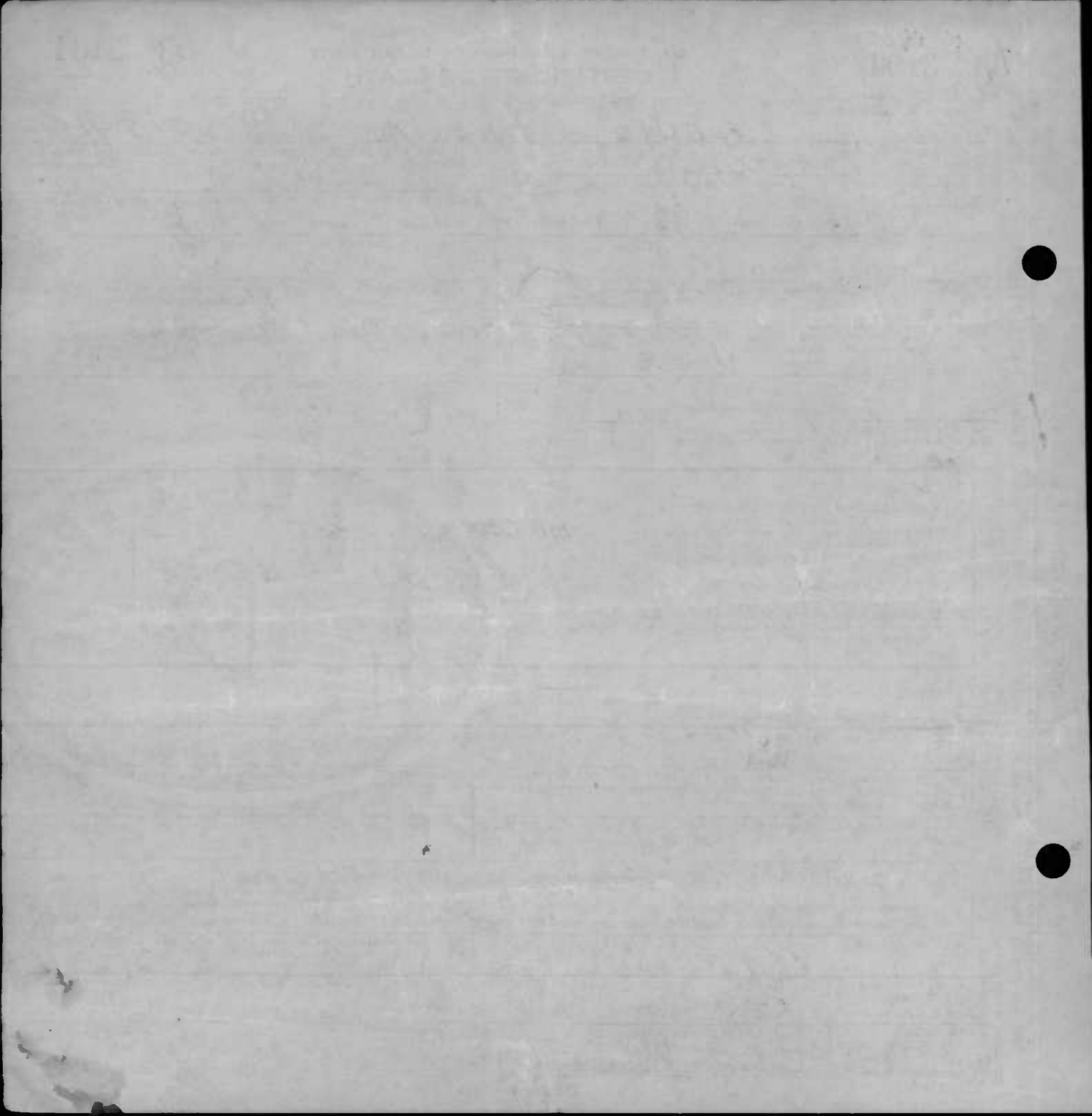
Huntington Williams, M.D.

25. FUNERAL DIRECTOR

Erroy L. Wilson

ADDRESS

Baltimore



PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be fully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

 Registered No. **53 3105**
N-140
53 3105
 BIRTH NO.

1. NAME OF DECEASED (Type or Print)		2. DATE OF DEATH	
ORBAN T. NOBLE		March 25, 1953	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived, if institution: residence before admission)	
B. FULL NAME OF (If not in hospital or institution, give street address or location)		A. STATE Maryland	
Baltimore City Morgue		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)	
D. STREET ADDRESS (If rural, give location)		Baltimore	
c. Length of stay in Baltimore		2319 N. Calvert Street	
5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH
Male	White	MARRIED	July 15, 1898
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10B. KIND OF BUSINESS OR INDUSTRY	9. AGE (In years last birthday)
Self Contractor		PAINTER	54
13. FATHER'S NAME		11. BIRTHPLACE (State or foreign country)	
Harry V. Noble		Maryland	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown)		14. MOTHER'S MAIDEN NAME	
#1		Emma V. Mulaney	
16. SOCIAL SECURITY NO.		17. INFORMANT	
		Mary E. Noble, Drexel Hill, Pa.	
18. CAUSE OF DEATH			INTERVAL BETWEEN ONSET AND DEATH
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)			
(A) Intracranial hemorrhage			
DUE TO			
ANTECEDENT CAUSES			
(B)			
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.			
(C)			
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.			
19A. DATE OF OPERATION		19B. MAJOR FINDINGS OF OPERATION	
20. AUTOPSY?			
YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>			
21A. EXTERNAL CAUSE WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH.		21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)		21D. TIME (Month) (Day) (Year) (Hour) OF INJURY	
21E. INJURY OCCURRED		21F. HOW DID INJURY OCCUR?	
WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>			
22. I certify that I took charge of the remains described above, held an Autopsy thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes <input checked="" type="checkbox"/> , accident <input type="checkbox"/> , suicide <input type="checkbox"/> , homicide <input type="checkbox"/> , undetermined <input type="checkbox"/> .			
23A. SIGNATURE		23B. CHIEF MEDICAL EXAMINER <input type="checkbox"/> ASSISTANT MEDICAL EXAMINER <input checked="" type="checkbox"/> M.D.	
William W. Cook		March 26, 1953	
24A. BURIAL, CREMATION, REMOVAL (Specify)		24B. DATE	
Removal		3-29-53	
24C. NAME OF CEMETERY OR CREMATORY		24D. LOCATION (City, town, or county) (State)	
Concord		Concord, Md.	
DATE RECEIVED BY LOCAL REGISTRAR		25. FUNERAL DIRECTOR	
MAR 27 1953		Thurston William, M.D. Wm Cook Inc, 1217 St Paul St.	
VS 151		56424	

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF MARRIAGE

51-1775

1900

1900

162
53 3106BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

X Registered No. 53 3106

1. NAME OF DECEASED (Type or Print) <i>MARY F. Beavers</i>			2. DATE OF DEATH <i>3/26/53</i>		
3. PLACE OF DEATH: A. Baltimore City, Maryland			4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE <i>Maryland</i> B. COUNTY <i>Baltimore</i>		
B. FULL NAME OF HOSPITAL OR INSTITUTION <i>University Hospital</i>			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <i>Ellicott City</i>		
c. Length of stay in Baltimore			D. STREET ADDRESS (If rural, give location) <i>Oella Avenue</i>		
5. SEX <i>F</i>	6. COLOR OR RACE <i>W</i>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <i>Widowed</i>	8. DATE OF BIRTH <i>Nov. 4, 1883</i>	9. AGE (in years last birthday) <i>69</i>	If Under 1 Year Months: Days If Under 24 Hours Hours: Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>Electrician</i>		10B. KIND OF BUSINESS OR INDUSTRY <i>Hospital</i>		11. BIRTHPLACE (State or foreign country) <i>Kentucky</i>	
12. CITIZEN OF WHAT COUNTRY? <i>U.S.A.</i>		13. FATHER'S NAME <i>Lee Cole</i>			
14. MOTHER'S MAIDEN NAME <i>Mary Nicholson</i>		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) <i>No</i>			
16. SOCIAL SECURITY NO. <i>217-12-0727</i>		17. INFORMANT ADDRESS <i>Wm. C. Beavers, Pasadena, Md.</i>			
18. <i>201X</i> I DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) <i>Hodgkins Disease</i> DUE TO ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. DUE TO OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.			INTERVAL BETWEEN ONSET AND DEATH		
19A. DATE OF OPERATION <i>3/17</i>			19B. MAJOR FINDINGS OF OPERATION		
20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>					
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH <input type="checkbox"/>		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from <i>3/17</i> , 1953, to <i>3/26</i> , 1953 that I last saw the deceased alive on <i>3/26</i> , 1953, and that death occurred at <i>5:30 P.m.</i> , from the causes and on the date stated above.					
23A. SIGNATURE <i>David Taxdal</i>			23B. ADDRESS <i>University Hospital</i>		23C. DATE SIGNED <i>3/26/53</i>
24A. BURIAL, CREMATION, REMOVAL (Specify) <i>Burial</i>		24B. DATE <i>Mar. 29, 1953</i>	24C. NAME OF CEMETERY OR CREMATORY <i>Good Shepherd Cemetery</i>		24D. LOCATION (City, town, or county) (State) <i>Ellicott City, Md.</i>
DATE RECEIVED BY LOCAL REGISTRAR <i>MAR 27 1953</i>		REGISTRAR'S SIGNATURE <i>Huntington Williams, M.D.</i>		25. FUNERAL DIRECTOR ADDRESS <i>Easton Sons, Ellicott City, Md.</i>	

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3012

BALTIMORE CITY & COUNTY DEPARTMENT

CERTIFICATE OF DEATH

3012

Name of Deceased		Date of Death	
Age		Sex	
Place of Birth		Usual Residence	
Cause of Death		Occupation	
Signature of Physician		Signature of Registrar	
Date of Certificate		Place of Death	

125
53 3107BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH53 3107
Registered No.

1. NAME OF DECEASED (Type or Print) THOMAS LESLIE HOPKINS		2. DATE OF DEATH 3-25-53	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution, residence before admission) A. STATE MARYLAND B. COUNTY 1909	
B. FULL NAME OF (If not in hospital or institution, give street address or location) FRANKLIN SQUARE HOSPITAL D.O.A.		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) BALTIMORE	
D. STREET ADDRESS (If rural, give location) 1819 W. LOMBARD ST.		E. Length of stay in Baltimore LIFE	
5. SEX MALE	6. COLOR OR RACE WHITE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) MARRIED	8. DATE OF BIRTH FEB. 10, 1916
9. AGE (In years last birthday) 37		10. UNDER 1 Year Months Days 11. UNDER 24 Hours Hours Min.	
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) TELEVISION TECHNICIAN		10B. KIND OF BUSINESS OR INDUSTRY TELEVISION DISTRIBUTORS	
11. BIRTHPLACE (State or foreign country) MARYLAND		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13. FATHER'S NAME THOMAS HOPKINS		14. MOTHER'S MAIDEN NAME UNKNOWN.	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) NO		16. SOCIAL SECURITY NO. NONE	
17. INFORMANT HELEN M. HOPKINS		ADDRESS 1819 W. LOMBARD ST.	
18. 415X DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) Rheumatic Carditis. Chronic Hypertension		CAUSE OF DEATH (A) Rheumatic Carditis. Chronic Hypertension DUE TO (B) Pulmonary Edema DUE TO (C) 1 Day	
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.		INTERVAL BETWEEN ONSET AND DEATH	
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.			
19A. DATE OF OPERATION 0		19B. MAJOR FINDINGS OF OPERATION	
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH <input type="checkbox"/>		21B. PLACE OF INJURY (c.g., in or about home, farm, factory, street, office bldg., etc.)	
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)			
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
21F. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from 1-21 , 19 53 , to 3-25 , 19 53 that I last saw the deceased alive on 3-21 , 19 53 , and that death occurred at 10 P. m., from the causes and on the date stated above.			
23A. SIGNATURE James Stowell		23B. ADDRESS Baltimore	
23C. DATE SIGNED 3-27-53			
24A. BURIAL, CREMATION, REMOVAL (Specify) BURIAL		24B. DATE 3-27-53	
24C. NAME OF CEMETERY OR CREMATORY NEW CATHEDRAL		24D. LOCATION (City, town, or county) (State) BALTIMORE, MD.	
DATE RECEIVED BY LOCAL REGISTRAR MAR 28 1953		REGISTRAR'S SIGNATURE Huntington Williams, M.D.	
25. FUNERAL DIRECTOR George L. Schwab		ADDRESS 210, Frederick Ave.	

-620
53 3108BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 53 3108

BIRTH NO.		1. NAME OF DECEASED (Type or Print) <i>Herbert Francis Krouse</i>		2. DATE OF DEATH <i>3-26-53</i>	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE <i>MARYLAND</i> B. COUNTY			
B. FULL NAME OF HOSPITAL OR INSTITUTION <i>2016 McHENRY ST.</i>		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <i>Baltimore</i> <i>20-03</i>			
c. Length of stay in Baltimore <i>49 yrs.</i>		D. STREET ADDRESS (If rural, give location) <i>2016 McHENRY ST.</i>			
5. SEX <i>MALE</i>	6. COLOR OR RACE <i>White</i>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <i>MARRIED</i>	8. DATE OF BIRTH <i>Sept. 12, 1895</i>	9. AGE (In years last birthday) <i>54</i>	If Under 1 Year Months Days If Under 24 Hours Hours Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>Bricklayer</i>		10B. KIND OF BUSINESS OR INDUSTRY <i>Bldg. Construction</i>		11. BIRTHPLACE (State or foreign country) <i>PENNSYLVANIA</i>	
12. CITIZEN OF WHAT COUNTRY? <i>U.S.A.</i>		13. FATHER'S NAME <i>Joseph Krouse</i>		14. MOTHER'S MAIDEN NAME <i>MARGARET SAYLOR</i>	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) <i>YES</i>		16. SOCIAL SECURITY NO. <i>World War I</i>		17. INFORMANT ADDRESS <i>Theresa A. Krouse 2016 McHENRY ST.</i>	
18. <i>420.1</i> DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.		CAUSE OF DEATH (A) <i>Coronary Occlusion</i> DUE TO (B) <i>Hypertensive Cardiovascular Disease</i> DUE TO (C)		INTERVAL BETWEEN ONSET AND DEATH <i>1 yr</i> <i>3 yrs</i>	
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.					
19A. DATE OF OPERATION <i>0</i>		19B. MAJOR FINDINGS OF OPERATION			20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH <input type="checkbox"/>		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from <i>1946</i> , 19__, to <i>3/26</i> , 19 <i>53</i> , that I last saw the deceased alive on <i>3/26</i> , 19 <i>53</i> , and that death occurred at <i>4:45 A.M.</i> , from the causes and on the date stated above.					
23A. SIGNATURE <i>Edward J. Keelin</i>		23B. ADDRESS <i>4300 Liberty Hts Av</i>		23C. DATE SIGNED <i>3/26/53</i>	
24A. BURIAL, CREMATION, REMOVAL (Specify) <i>BURIAL</i>		24B. DATE <i>3-30-53</i>		24C. NAME OF CEMETERY OR CREMATORY <i>BALTIMORE NATIONAL</i>	
24D. LOCATION (City, town, or county) <i>Baltimore, Md.</i>		DATE RECEIVED BY LOCAL REGISTRAR <i>MAR 28 1953</i>		REGISTRAR'S SIGNATURE <i>Huntington Williams, M.D.</i>	
25. FUNERAL DIRECTOR <i>George L. Schwab</i>		ADDRESS <i>2101 Frederick Ave</i>			

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53 3109

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 53 3109

1. NAME OF DECEASED (Type or Print) <i>William Thornton</i>		2. DATE OF DEATH <i>3/27/53</i>	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived if institution; residence before admission) A. STATE <i>Md.</i> B. COUNTY	
B. FULL NAME OF (If not in hospital or institution, give street address or location) INSTITUTION <i>2514 Rayner Ave</i>		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <i>Baltimore 16-05</i>	
C. Length of stay in Baltimore Yrs. Mos. Days		D. STREET ADDRESS (If rural, give location) <i>2514 Rayner Ave</i>	
5. SEX <i>Male</i>	6. COLOR OR RACE <i>Negro</i>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <i>Widower</i>	8. DATE OF BIRTH <i>4-6-1855</i>
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>Retired</i>		10B. KIND OF BUSINESS OR INDUSTRY <i>Farm Laborer</i>	9. AGE (in years last birthday) <i>97</i>
11. BIRTHPLACE (State or foreign country) <i>Maryland</i>		12. CITIZEN OF WHAT COUNTRY?	
13. FATHER'S NAME <i>Unknown</i>		14. MOTHER'S MAIDEN NAME <i>Unknown</i>	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) <i>No</i>		16. SOCIAL SECURITY NO. <i>None</i>	
17. INFORMANT <i>Loretta Walker</i>		ADDRESS <i>2514 Rayner Ave. Balto. Md</i>	

18. <i>450.0</i> DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) <i>Generalized Arteriosclerosis</i> DUE TO <i>Sonility</i>	CAUSE OF DEATH	INTERVAL BETWEEN ONSET AND DEATH
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.	(B)	
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.	(C)	

19A. DATE OF OPERATION <i>0</i>	19B. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>
21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)	21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME (Month) (Day) (Year) (Hour) INJURY	21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from *Jan*, 19*63*, to *Mar. 27*, 19*63*, that I last saw the deceased alive on *Mar 27*, 19*63*, and that death occurred at *11:45 a. m.*, from the causes and on the date stated above.

23A. SIGNATURE <i>Robert L. Ruppel</i>	23B. ADDRESS <i>722 N. Fulton Ave</i>	23C. DATE SIGNED <i>3/27/53</i>
24A. BURIAL, CREMATION, REMOVAL (Specify) <i>Burial</i>	24B. DATE <i>3-30-53</i>	24C. NAME OF CEMETERY OR CREMATORY <i>Locust Chapel</i>
DATE RECEIVED BY LOCAL REGISTRAR <i>MAR 28 1953</i>	REGISTRAR'S SIGNATURE <i>Huntington Williams, Md.</i>	25. FUNERAL DIRECTOR <i>F.C. Higinbotham</i>
		ADDRESS <i>Ellicott City, Md.</i>

200
53 3110

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No. 53 3110

1. NAME OF DECEASED (Type or Print) BABY BOY HAUCK (A)		2. DATE OF DEATH March 27, 1953	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived, if institution: residence before admission) A. STATE Maryland B. COUNTY Baltimore	
B. FULL NAME OF HOSPITAL OR INSTITUTION Hospital for Women of Maryland		C. CITY OR TOWN Baltimore - 4	
C. Length of stay in Baltimore -		D. STREET ADDRESS (If rural, give location) 1782 Weston Avenue 5355	
5. SEX Male	6. COLOR OR RACE White	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) -	8. DATE OF BIRTH March 26, 1953
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) -		11. BIRTHPLACE (State or foreign country) Baltimore - Maryland	
10B. KIND OF BUSINESS OR INDUSTRY -		12. CITIZEN OF U.S.A.	
13. FATHER'S NAME David L. Hauck		14. MOTHER'S MAIDEN NAME Katherine Mary Ditch	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) -		16. SOCIAL SECURITY NO. -	
17. INFORMANT David H. Hauck		ADDRESS 1782 Weston	
18. 776x DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) Prematurity DUE TO Premature onset of labor 30 wks DUE TO as known		CAUSE OF DEATH Prematurity Premature onset of labor 30 wks as known	
19A. DATE OF OPERATION 0		19B. MAJOR FINDINGS OF OPERATION	
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)		21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)			
21D. TIME (Month) (Day) (Year) (Hour) INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
21F. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from Mar 26, 1953 , to Mar 27, 1953 , that I last saw the deceased alive on Mar 27, 1953 , and that death occurred at 407 P.M. , from the causes and on the date stated above.			
23A. SIGNATURE Robert R. Luach		23B. ADDRESS Dept for the Women of Md 2/27/53	
23C. DATE SIGNED			
24A. BURIAL, CREMATION, REMOVAL (Specify) Burial		24B. DATE Mar. 28, 1953	
24C. NAME OF CEMETERY OR CREMATORY Landon Park		24D. LOCATION (City, town, or county) (State) Baltimore Md	
DATE RECEIVED BY LOCAL REGISTRAR MAR 28 1953		REGISTRAR'S SIGNATURE Huntington Williams, M.D.	
VS 150		25. FUNERAL DIRECTOR Willbros Funeral Home	
		ADDRESS 2908	

MEDICAL CERTIFICATION

QMC 22

QMC 22

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53 3111

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No. 53 3111

BIRTH NO. 53-07358

1. NAME OF DECEASED
(Type or Print)

BABY BOY HAUCK

2. DATE
OF
DEATH

March 27, 1953

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location)

Hospital for Women of Maryland

Yrs.
Mos.
Days

C. Length of stay in Baltimore

5. SEX

Male

6. COLOR OR RACE

White

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)

-

8. DATE OF BIRTH

March 26, 1953

9. AGE (In years last birthday)

11 Under 1 Year
Months: Days11 Under 24 Hours
Hours Min.

21 20

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

10B. KIND OF BUSINESS OR INDUSTRY

13. FATHER'S NAME

David B. Hauck

11. BIRTHPLACE (State or foreign country)

Baltimore - Maryland

12. CITIZEN OF WHAT COUNTRY?

U.S.A.

14. MOTHER'S MAIDEN NAME

Katherine Mary Litch

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)

-

16. SOCIAL SECURITY NO.

-

17. INFORMANT

David B. Hauck

ADDRESS

1782 Weston Ave

18. 776x

CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH

(This does not mean the mode of dying, e.g., heart failure, asphyxia, etc. It means the disease, injury or complication which caused death.)

(A)

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B)

DUE TO

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

(C)

INTERVAL BETWEEN ONSET AND DEATH

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)

21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) INJURY

21E. INJURY OCCURRED

WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Mar 26, 1953, to Mar 27, 1953, that I last saw the deceased alive on Mar 27, 1953, and that death occurred at 9:55 A.M., from the causes and on the date stated above.

23A. SIGNATURE

Robert R. Lescage

M. D.

23B. ADDRESS

Hosp for the Women, Inc.

23C. DATE SIGNED

3-27-53

24A. BURIAL, CREMATION, REMOVAL (Specify)

Burial

24B. DATE

Mar 28, 1953

24C. NAME OF CEMETERY OR CREMATORY

Landon Park

24D. LOCATION (City, town, or county)

Baltimore Md

(State)

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

Huntington Williams, M.D.

25. FUNERAL DIRECTOR

Widow's Funeral Home

ADDRESS

2008 Calver St

MAR 28 1953

VS 150

MEDICAL CERTIFICATION

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53 3112

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

53 3112
Registered No.

BIRTH NO.		1. NAME OF DECEASED (Type or Print) PETER ABROMAITIS		2. DATE OF DEATH 3-26-53.	
3. PLACE OF DEATH: A. Baltimore City, Maryland ✓		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admision) A. STATE MARYLAND. B. COUNTY			
B. FULL NAME OF (If not in hospital or institution, give street address or location) 1512 CYPRESS ST.		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) BALTIMORE 25-05			
c. Length of stay in Baltimore 64 Yrs. Mos. Days		D. STREET ADDRESS (If rural, give location) 1512 CYPRESS ST.			
5. SEX Male	6. COLOR OR RACE White	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) M.	8. DATE OF BIRTH JUNE 29, 1870	9. AGE (In years last birthday) 82	10. Under 1 Year Months: Days: 11. Under 24 Hours Hours: Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) TAVERN KEEPER.		10B. KIND OF BUSINESS OR INDUSTRY RETIRED		11. BIRTHPLACE (State or foreign country) LITHUANIA	
12. CITIZEN OF WHAT COUNTRY? U.S.A.		13. FATHER'S NAME ANDREW ABROMAITIS		14. MOTHER'S MAIDEN NAME UNKNOWN.	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) no.		16. SOCIAL SECURITY NO. none.		17. INFORMANT ADDRESS MARGARET ABROMAITIS 1512 CYPRESS ST.	
18. 420.1 I DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) Coronary Heart disease 3 day DUE TO Chronic Myocarditis 3 years DUE TO arteriosclerosis. DUE TO Semibuty		CAUSE OF DEATH		INTERVAL BETWEEN ONSET AND DEATH	
19A. DATE OF OPERATION 0		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
21A. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT <input type="checkbox"/> WORK NOT WHILE <input type="checkbox"/> AT WORK		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from Sept 7, 1952 , to March 26, 1953 , that I last saw the deceased alive on 3/25/53 , and that death occurred at 6:45 p.m. , from the causes and on the date stated above.					
23A. SIGNATURE Dr. J. H. Miller M.D.		23B. ADDRESS 1221 Charles		23C. DATE SIGNED 3/27/53	
24A. BURIAL, CREMATION, REMOVAL (Specify) BURIAL		24B. DATE 3/30/53		24C. NAME OF CEMETERY OR CREMATORY HOLY CROSS	
24D. LOCATION (City, town, or county) (State) PITCHER HGW. MD.		25. FUNERAL DIRECTOR CHARLES W. KACHAUSKAS		ADDRESS 703 MCHENRY ST.	
DATE RECEIVED BY LOCAL REGISTRAR		REGISTRAR'S SIGNATURE Huntington Williams, Jr.			

MEDICAL CERTIFICATION

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ENTRANCE TO THE THEATRE

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ENTRANCE TO THE THEATRE

620
AB-158322

53 3113

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 53 3113

1. NAME OF DECEASED (Type or Print)		Martha Cross		2. DATE OF DEATH March 26-1953	
3. PLACE OF DEATH: A. Baltimore City, Maryland				4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Maryland B. COUNTY	
B. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION Baltimore City Hospitals 4940 Eastern Ave.				C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore 13-08	
c. Length of stay in Baltimore 50yrs Yrs. Mos. Days				D. STREET ADDRESS (If rural, give location) 1309 Morling Ave. zone 11	
5. SEX F	6. COLOR OR RACE W	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Widowed		8. DATE OF BIRTH July 8-1886	9. AGE (In years last birthday) 66
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Weaver		10B. KIND OF BUSINESS OR INDUSTRY Cotton Mill		11. BIRTHPLACE (State or foreign country) Maryland	
13. FATHER'S NAME Louis Wilson				12. CITIZEN OF WHAT COUNTRY? U S A	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) No		16. SOCIAL SECURITY NO.		17. INFORMED ADDRESS Baltimore City Hospitals Records: 4940 Eastern Ave.	
18. 170x I DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) CAUSE OF DEATH (A) Metastatic Carcinoma, Brain DUE TO ANTECEDENT CAUSES (B) Metastatic Carcinoma, Liver DUE TO (C) Carcinoma, Left Breast INTERVAL BETWEEN ONSET AND DEATH					
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.					
19A. DATE OF OPERATION 4-16-52		19B. MAJOR FINDINGS OF OPERATION Simple Mastectomy Total Hysterectomy		20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID (If in Baltimore City, give exact location) INJURY OCCUR?	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from 4-15-1952 to 3-26-1953, that I last saw the deceased alive on 3-26-1953, and that death occurred at 8 P.m., from the causes and on the date stated above.					
23A. SIGNATURE H. Z. G. Hunter		M. D. 4940 Eastern Ave., Baltimore, Md.		23C. DATE SIGNED 3-27-1953	
24A. BURIAL, CREMATION, REMOVAL (Specify) Burial		24B. DATE March 30, 1953		24C. NAME OF CEMETERY OR CREMATORY Lorraine Park	
DATE RECEIVED BY LOCAL REGISTRAR MAR 28 1953		REGISTRAR'S SIGNATURE Huntington Williams, M.D.		25. FUNERAL DIRECTOR Burgee Funeral Home 3631 Falls Road	
VS 150		690 45 Horace F. Burgee			

MEDICAL CERTIFICATION

UNITED STATES DEPARTMENT OF HEALTH AND HUMAN SERVICES
CERTIFICATE OF DEATH

DATE OF DEATH

PLACE OF DEATH

SEX

AGE

EDUCATION

DATE OF BIRTH

CAUSE OF DEATH

IMMEDIATE CAUSE

INTERMEDIATE CAUSE

UNDERLYING CAUSE

DEATH CERTIFICATE

DATE OF DEATH

PLACE OF DEATH

SEX

AGE

EDUCATION

DATE OF BIRTH

CAUSE OF DEATH

IMMEDIATE CAUSE

INTERMEDIATE CAUSE

UNDERLYING CAUSE

DEATH CERTIFICATE

DATE OF DEATH

PLACE OF DEATH

SEX

AGE

EDUCATION

DATE OF BIRTH

CAUSE OF DEATH

-426

53 3114

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 53 3114

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF (If not in hospital or institution, give street address or location)

C. Length of stay in Baltimore

5. SEX

Female Colored

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Housewife

13. FATHER'S NAME

Horace GASARWAY

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

2. DATE OF DEATH

MARCH 27, 1953

A. STATE

MARYLAND

C. CITY OR TOWN

BALTIMORE

D. STREET ADDRESS (If rural, give location)

520 N. Gilmore St.

8. DATE OF BIRTH

July 4, 1886

9. AGE (In years last birthday)

66

11. BIRTHPLACE (State or foreign country)

BALTIMORE, MD.

11. BIRTHPLACE (State or foreign country)

BALTIMORE, MD.

14. MOTHER'S MAIDEN NAME

Elia Rice

17. INFORMANT

Thomps Walker

ADDRESS

520 N. Gilmore St.

18. 420.1

CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) DUE TO

Coronary Occlusion

INTERVAL BETWEEN ONSET AND DEATH

Several hrs.

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B) DUE TO

Hypertensive Cardiovascular Disease Unknown

(C)

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐

21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH

21B. PLACE OF INJURY (e.g., to or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

WHILE AT WORK ☐ NOT WHILE AT WORK ☐

22. I hereby certify that I attended the deceased from Sept 10, 1952, to March 27, 1953, that I last saw the deceased alive on 3-27-1953, and that death occurred at 4:35 A.M., from the causes and on the date stated above.

23A. SIGNATURE

Richard H. Hunt

23B. ADDRESS

1631 W. Franklin St.

23C. DATE SIGNED

3-28-53

24A. BURIAL, CREMATION, REMOVAL (Specify)

Burial

24B. DATE

Mar 30-53

24C. NAME OF CEMETERY OR CREMATORY

Int. Calvary

24D. LOCATION (City, town, or county)

A. A. Co. Md

DATE RECEIVED BY LOCAL REGISTRAR

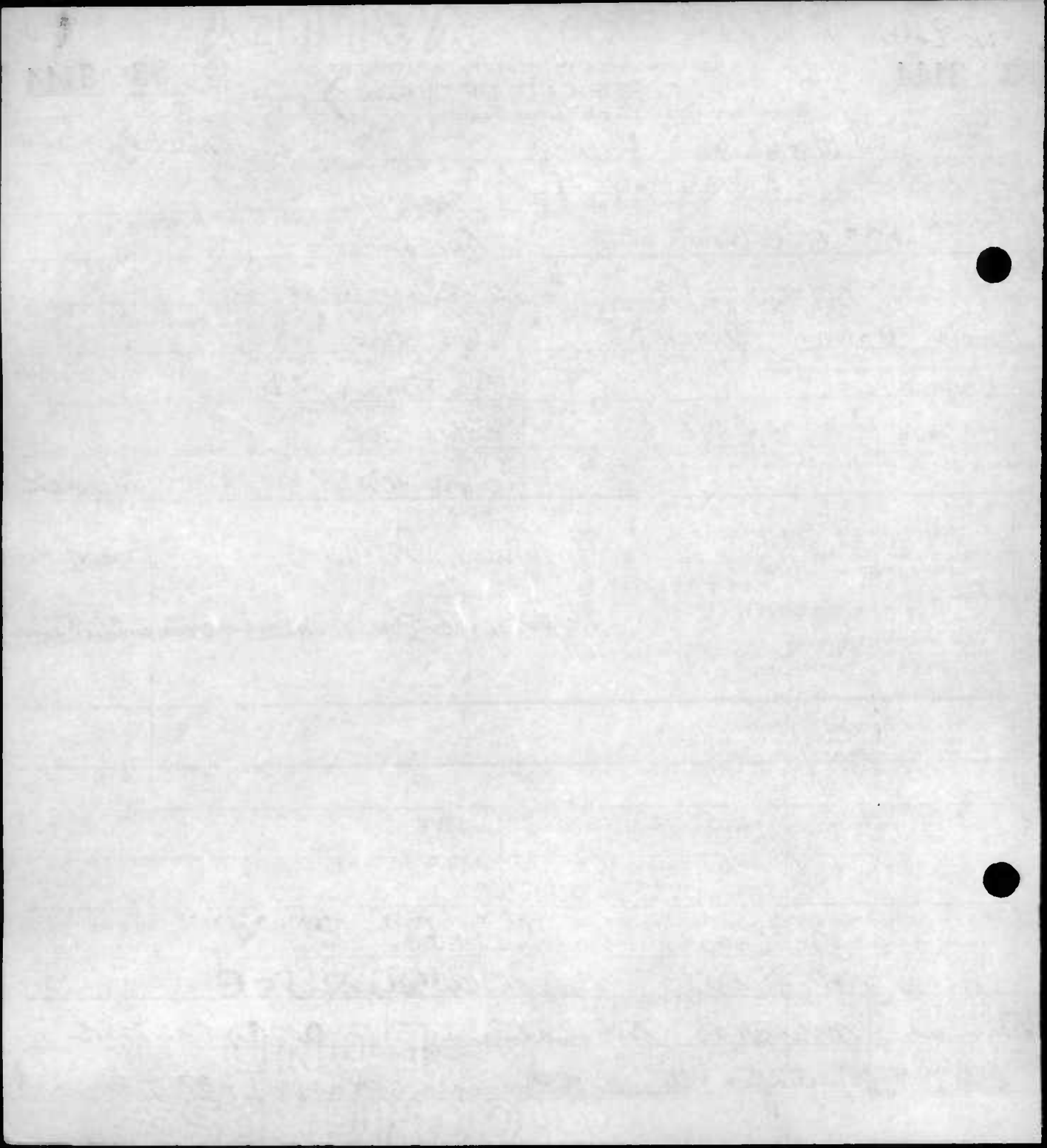
REGISTRAR'S SIGNATURE

Mar 28 1953

25. FUNERAL DIRECTOR

ADDRESS

James A. James 638 N. Gilmore St.



520
3 3115

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 53 3115

BIRTH NO.

1. NAME OF DECEASED
(Type or Print) *Sarah V. Loomis*

2. DATE OF DEATH *3/25/53*

3. PLACE OF DEATH:
A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE *Maryland* B. COUNTY *9-02*

5. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR INSTITUTION *Woodlawn Hospital*

6. C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)
Edmondson North Baltimore City

7. D. STREET ADDRESS (If rural, give location)
5711 Smallwood St.

8. Length of stay in Baltimore
Yrs. Mos. Days

9. SEX *Female*

10. COLOR OR RACE *White*

11. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)
Married

12. DATE OF BIRTH *June 21, 1881*

13. AGE (in years last birthday) *71*

14. If Under 1 Year Months: Days If Under 24 Hours Hours: Min.

15. 10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)
Housewife

16. 10B. KIND OF BUSINESS OR INDUSTRY
At Home

17. BIRTHPLACE (State or foreign country)
Richmond Va

18. CITIZEN OF WHAT COUNTRY?
USA

19. FATHER'S NAME
John Woody

20. MOTHER'S MAIDEN NAME
Margaret Davison

21. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)
No

22. SOCIAL SECURITY NO.
Used

23. INFORMANT
Sarah V. Loomis

24. ADDRESS
Same

25. CAUSE OF DEATH
I DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)
DUE TO *Cerebral hemorrhage*
INTERVAL BETWEEN ONSET AND DEATH *7 days*
ANTECEDENT CAUSES
DUE TO *Arteriosclerosis*
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.
DUE TO
(C)

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION *0*

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☒

21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH ☐

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) INJURY

21E. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from *1950*, 19__, to *3/25*, 19*53*, that I last saw the deceased alive on *3/25*, 19*53*, and that death occurred at *9A* m., from the causes and on the date stated above.

23A. SIGNATURE *H. W. H. H.*

23B. ADDRESS *3921 Edmondson Ex*

23C. DATE SIGNED *3/27/53*

24A. BURIAL, CREMATION, REMOVAL (Specify)
Burial

24B. DATE *3/28/53*

24C. NAME OF CEMETERY OR CREMATORY
Greenwood Park Baltimore Md

24D. LOCATION (City, town, or county) (State)

DATE RECEIVED BY LOCAL REGISTRAR *MAR 28 1953*

REGISTRAR'S SIGNATURE *Huntington Williams*

25. FUNERAL DIRECTOR
W. D. Whipple & Son

ADDRESS
1300 Euterod Place

VS 150

MEDICAL CERTIFICATION

[The following text is mirrored bleed-through from the reverse side of the document and is not legible in this orientation.]

- 560

MACNNER

BALTIMORE CITY HEALTH DEPARTMENT

53 3116

53 3116

BIRTH NO.

CERTIFICATE OF DEATH

Registered No.

1. NAME OF DECEASED
(Type or Print)

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF
HOSPITAL OR
INSTITUTION

If not in hospital or institution, give street address or location)

c. Length of stay in Baltimore

5. SEX

6. COLOR OR RACE

7. SINGLE, MARRIED,

WIDOWED, DIVORCED (Specify)

8. DATE OF BIRTH

9. AGE (In years,
last birthday)11 Under 1 Year
Months: DaysIf Under 24 Hours
Hours Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)10B. KIND OF BUSINESS OR
INDUSTRY

11. BIRTHPLACE (State or foreign country)

12. CITIZEN OF
WHAT COUNTRY?

13. FATHER'S NAME

14. MOTHER'S MAIDEN NAME

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)16. SOCIAL
SECURITY NO.

17. INFORMANT

ADDRESS

18.

DISEASE OR CONDITION DIRECTLY
LEADING TO DEATH(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

CAUSE OF DEATH

(A)
DUE TO(B)
DUE TO

(C)

INTERVAL BETWEEN
ONSET AND DEATH

MEDICAL CERTIFICATION

II
OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

WHILE AT ☐ NOT WHILE ☐
WORK AT WORK

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 3/27, 1953 to 3/28, 1953 that I last saw the
deceased alive on 3/28, 1953 and that death occurred at 1 A. M., from the causes and on the date stated above.

23A. SIGNATURE

23B. ADDRESS

23C. DATE SIGNED

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county)

(State)

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

340
53 3117BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH53 3117
Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

HUNTER R. SHETTLE SR

2. DATE
OF
DEATH

March 27, 1953

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF
HOSPITAL OR
INSTITUTION (If not in hospital or institution, give street address or location)

1269 Gittings Avenue

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE

Maryland

B. COUNTY

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Baltimore

D. STREET ADDRESS (If rural, give location)

1269 Gittings Avenue

C. Length of stay in Baltimore

Yrs.
Mos.
Days

5. SEX

male

6. COLOR OR RACE

white

7. SINGLE, MARRIED,

WIDOWED, DIVORCED (Specify)

Widowed

8. DATE OF BIRTH

Feb. 21, 1891

9. AGE (In years
last birthday)

62

If Under 1 Year
Months: Days
If Under 24 Hours
Hours: Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

Ret. B & O R R

10B. KIND OF BUSINESS OR
INDUSTRY

Electrician

11. BIRTHPLACE (State or foreign country)

Baltimore, Maryland

12. CITIZEN OF
WHAT COUNTRY?

13. FATHER'S NAME

Hunter Shettle

14. MOTHER'S MAIDEN NAME

?

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)16. SOCIAL
SECURITY NO.

17. INFORMANT

ADDRESS 1652

Mr. Hunter R. Shettle, Jr. Northwick

18. 420.1 I

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A)

Arterio Sclerosis

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B)

Coomery Throatitis

DUE TO

(C)

1 yr.

II
OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

WHILE AT ☐ NOT WHILE ☐
WORK AT WORK

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Oct, 1945, to 27 Mar, 1953, that I last saw the deceased alive on 27 Mar, 1953, and that death occurred at 8: A m., from the causes and on the date stated above.

23A. SIGNATURE

23B. ADDRESS

23C. DATE SIGNED

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

Burial

24B. DATE

3/30/53

24C. NAME OF CEMETERY OR CREMATORY

Hopewell Cemetery

24D. LOCATION (City, town, or county) (State)

Port Deposit, Maryland

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

MAR 28 1953

Huntington Williams, Jr.

Leonard J. Ruck

5305 Harford Road.

51550

DEPARTMENT OF HEALTH
CERTIFICATE OF DEATH

NAME OF DECEASED: [illegible]
AGE: [illegible]
SEX: [illegible]
DATE OF BIRTH: [illegible]
PLACE OF BIRTH: [illegible]
DATE OF DEATH: [illegible]
PLACE OF DEATH: [illegible]
CAUSE OF DEATH: [illegible]
MANNER OF DEATH: [illegible]
SIGNATURE OF REGISTRAR: [illegible]
DATE: [illegible]

BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

Registered No. **53 3118**

635
53 3118

1. NAME OF DECEASED (Type or Print) Martin, Florence Theresa			2. DATE OF DEATH March 27, 1953		
3. PLACE OF DEATH: A. Baltimore City, Maryland			4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Maryland B. COUNTY Baltimore		
B. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION St. Joseph's Hospital			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore		
D. STREET ADDRESS (If rural, give location) 3107 Kentucky Avenue			E. LENGTH OF STAY IN BALTIMORE Yrs. Mos. Days 26-03		
5. SEX Female	6. COLOR OR RACE White	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Widow	8. DATE OF BIRTH Sept 9, 1874		9. AGE (In years last birthday) 78
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10B. KIND OF BUSINESS OR INDUSTRY Own home	11. BIRTHPLACE (State or foreign country) Maryland		12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME Joseph Pfisterer			14. MOTHER'S MAIDEN NAME Carrie ?		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)		16. SOCIAL SECURITY NO.	17. INFORMANT ADDRESS Mrs. Helen A. Graber, 3107 Kentucky		

18. 420.1 DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) (A) Myocardial Infarction DUE TO ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. (B) DUE TO (C)		CAUSE OF DEATH	INTERVAL BETWEEN ONSET AND DEATH
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.			

19A. DATE OF OPERATION 0		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21A. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	

22. I hereby certify that I attended the deceased from **March 27, 1953**, to **March 27, 1953**, that I last saw the deceased alive on **March 27, 1953**, and that death occurred at **3:00 p.m.**, from the causes and on the date stated above.

23A. SIGNATURE R. Criswell		23B. ADDRESS 1100 N. Caroline Street		23C. DATE SIGNED March 27, 1953	
--------------------------------------	--	--	--	---	--

24A. BURIAL, CREMATION, REMOVAL (Specify) Burial		24B. DATE 3/31/53		24C. NAME OF CEMETERY OR CREMATORY Holy Redeemer Cem.		24D. LOCATION (City, town, or county) (State) Baltimore, Maryland	
--	--	-----------------------------	--	---	--	---	--

DATE RECEIVED BY LOCAL REGISTRAR MAR 28 1953		REGISTRAR'S SIGNATURE Huntington Williams		FURNERARY DIRECTOR ADDRESS Leonard J. Ruck, 5305 Harford Road.	
--	--	---	--	--	--

MEDICAL CERTIFICATION

310

310

BIRMINGHAM CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

310

DATE OF DEATH

PLACE OF DEATH

AGE

SEX

CAUSE OF DEATH

IMMEDIATE CAUSE

INTERMEDIATE CAUSE

UNDERLYING CAUSE

PERMANENT CAUSE

TEMPORARY CAUSE

PRE-EXISTING DISEASE

ACUTE DISEASE

CHRONIC DISEASE

INFECTIOUS DISEASE

NON-INFECTIOUS DISEASE

TRAUMA

POISONING

OTHER

DATE OF BURIAL

PLACE OF BURIAL

NAME OF FUNERAL HOME

NAME OF MINISTER

NAME OF CLERGYMAN

NAME OF CHURCH

NAME OF CEMETERY

NAME OF INTERVIEWER

NAME OF WITNESS

NAME OF SIGNER

NAME OF OFFICIAL

NAME OF CLERK

NAME OF RECORDER

650
53 3119GARONY
BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 53 3119

1. NAME OF DECEASED (Type or Print) <i>Hassie Garony</i>		2. DATE OF DEATH <i>March 25, 53</i>	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE <i>MD.</i> B. COUNTY <i>Balto.</i>	
B. FULL NAME OF HOSPITAL OR INSTITUTION <i>922 W. Fayette St.</i>		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <i>18-01</i>	
D. STREET ADDRESS (If rural, give location) <i>922 W. Fayette St.</i>		E. LENGTH OF STAY IN BALTIMORE Yrs. <i>0</i> Mos. <i>0</i> Days <i>0</i>	
5. SEX <i>Female</i>	6. COLOR OR RACE <i>Col.</i>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <i>Married</i>	8. DATE OF BIRTH <i>1880</i>
9. AGE (In years last birthday) <i>72</i>		10. Under 1 Year Months: Days	
11. Under 24 Hours Hours: Min.		12. CITIZEN OF WHAT COUNTRY? <i>U.S.A.</i>	
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>Housewife</i>		10B. KIND OF BUSINESS OR INDUSTRY	
11. BIRTHPLACE (State or foreign country) <i>S.C.</i>		12. CITIZEN OF WHAT COUNTRY? <i>U.S.A.</i>	
13. FATHER'S NAME <i>Louis Dolley</i>		14. MOTHER'S MAIDEN NAME <i>Fannie ?</i>	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) <i>No</i>		16. SOCIAL SECURITY NO.	
17. INFORMANT <i>Silas Garony</i>		ADDRESS <i>922 W. Fayette St.</i>	
18. <i>593 X</i> CAUSE OF DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) (A) <i>Malignant Hypertension & Nephritis</i> DUE TO (B) <i>4 mod.</i> (C) <i>4 mod.</i>			
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. (B) <i>4 mod.</i> (C) <i>4 mod.</i>			
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.			
19A. DATE OF OPERATION <i>0</i>		19B. MAJOR FINDINGS OF OPERATION	
20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>			
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH <input type="checkbox"/>		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)			
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
21F. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from <i>Dec 18</i> , 1952, to <i>Mar 25</i> , 1953 that I last saw the deceased alive on <i>Mar 24</i> , 1953, and that death occurred at <i>m.</i> , from the causes and on the date stated above.			
23A. SIGNATURE <i>Jas. S. Julian</i>		23B. ADDRESS <i>5117 Schenck St.</i>	
23C. DATE SIGNED <i>3/27/53</i>			
24A. BURIAL, CREMATION, REMOVAL (Specify) <i>burial</i>		24B. DATE <i>3/25/53</i>	
24C. NAME OF CEMETERY OR CREMATORY <i>W. Parkman, Cmn</i>		24D. LOCATION (City, town, or county) (State) <i>Balto. Md.</i>	
DATE RECEIVED BY LOCAL REGISTRAR <i>MAR 28 1953</i>		REGISTRAR'S SIGNATURE <i>Huntington Williams, M.D.</i>	
FUNERAL DIRECTOR <i>W. H. Lake & William A. Schmalz</i>		ADDRESS <i>322</i>	

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CERTIFICATE OF DEATH

100-100000

1. Name of deceased		2. Sex		3. Race		4. Date of birth		5. Place of birth		6. Date of death		7. Place of death		8. Cause of death		9. Manner of death		10. Signature of physician		11. Signature of registrar		12. Signature of informant	

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH53 3120
Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Airey Watson

2. DATE
OF
DEATH

3-26-53

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE

B. COUNTY

Maryland

C. CITY OR TOWN

(If outside corporate limits, write R.V. and give township)

Baltimore

D. STREET ADDRESS (If rural, give location)

611 W. Lafayette Avenue

B. FULL NAME OF
HOSPITAL OR
INSTITUTION

2101 W. Coldspring Lane

C. Length of stay in Baltimore

unknown

Yrs.
Mos.
Days

5. SEX

Female

6. COLOR OR RACE

Colored

7. SINGLE, MARRIED,

WIDOWED, DIVORCED (Specify)

Single

8. DATE OF BIRTH

March 2, 1888

9. AGE (In years
last birthday)

65

If Under 1 Year
Months: DaysIf Under 24 Hours
Hours: Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

Domestic

10B. KIND OF BUSINESS OR
INDUSTRY

11. BIRTHPLACE (State or foreign country)

Accomac Co. Virginia

12. CITIZEN OF
WHAT COUNTRY?

U.S.A.

13. FATHER'S NAME

Harry Watson

14. MOTHER'S MAIDEN NAME

Ocie Upshur

15. WAS DECEASED EVER IN U.S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)

No

16. SOCIAL
SECURITY NO.

17. INFORMANT

ADDRESS

Maggie Hailey-507 N. Arlington Ave

18. 442X

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH(This does not mean the mode of dying, e.g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A)

Cardio Vascular Renal Disease

2 yrs.

ANTECEDENT CAUSES

DUE TO

(B)

Uremia

2 wks.

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

DUE TO

(C)

II

OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH21B. PLACE OF INJURY (e.g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

m.

WHILE AT
WORK ☐NOT WHILE
AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from March 25, 1953, to March 26, 1953, that I last saw the
deceased alive on March 25, 1953, and that death occurred at 7:30 a.m., from the causes and on the date stated above.

23A. SIGNATURE

23B. ADDRESS

23C. DATE SIGNED

M. D.

600 N. Arlington Avenue

3-27-53

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county) (State)

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

MAR 28 1953

Huntington Williams

First Baptist Church

322

**BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH**

53 3121
Registered No.

R-120
53 3121
BIRTH NO.

1. NAME OF DECEASED (Type or Print) WALLACE W. REEVES				2. DATE OF DEATH 3/27/53	
3. PLACE OF DEATH: A. Baltimore City, Maryland				4. USUAL RESIDENCE (Where deceased lived, if institution; residence before admission) A. STATE Ind. B. COUNTY 13-07	
B. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTE 1119 Weldon Ave.				C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore	
Length of stay in Baltimore Yrs. Mos. Days				D. STREET ADDRESS (If rural, give location) 1119 Weldon Ave.	
5. SEX Male	6. COLOR OR RACE White	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Widowed		8. DATE OF BIRTH 7/26/78	9. AGE (In years last birthday) 74
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Carpenter		10B. KIND OF BUSINESS OR INDUSTRY Self		11. BIRTHPLACE (State or foreign country) Va	
13. FATHER'S NAME —				12. CITIZEN OF WHAT COUNTRY? —	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) —				16. SOCIAL SECURITY NO. —	
17. INFORMANT Jennie B. Reeves				ADDRESS 1119 Weldon Ave.	
18. 420.0 DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthma, etc. It means the disease, injury or complication which caused death.) Myocardial Infarction				INTERVAL BETWEEN ONSET AND DEATH One week	
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. Arteriosclerotic Heart Disease				Two years	
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.					
19A. DATE OF OPERATION 0		19B. MAJOR FINDINGS OF OPERATION			20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>
21A. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from Jan , 19 53 to March , 19 53 , that I last saw the deceased alive on March 27 , 19 53 , and that death occurred at 9:30 a.m. , from the causes and on the date stated above.					
23A. SIGNATURE B. B. Brandon		23B. ADDRESS 1606 Kelly Ave. - 9		23C. DATE SIGNED March 28, 1953	
24A. BURIAL, CREMATION, REMOVAL (Specify) Burned		24B. DATE 3/30/53		24C. NAME OF CEMETERY OR CREMATORY Lorraine Park	
24D. LOCATION (City, town, or county) (State) Winchester Mill Rd.		25. FUNERAL DIRECTOR Paul E. Chennault			
DATE RECEIVED BY LOCAL REGISTRAR MAR 28 1953		REGISTRAR'S SIGNATURE Huntington Williams			
26. ADDRESS 3615-17 Chestnut Ave					

MEDICAL CERTIFICATION

51024

La Brandon
1602 Kelly Ave

CERTIFICATE OF DEATH
STATE OF CALIFORNIA

WILLIAM
COOK

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATHRegistered No. **53 3122**BIRTH NO. **3122**

1. NAME OF DECEASED (Type or Print) Leona Rollins		2. DATE OF DEATH 3-27-53	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE UNKNOWN B. COUNTY	
B. FULL NAME OF (not in hospital or institution, give street address or location) Lutheran Hospital		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) "	
c. Length of stay in Baltimore Yrs. _____ Mos. _____ Days _____		D. STREET ADDRESS (If rural, give location) "	
5. SEX FEMALE	6. COLOR OR RACE WHITE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) DIVORCED	8. DATE OF BIRTH APRIL 28, 1907
9. AGE (in years last birthday) 45		10. Under 1 Year Months: _____ Days: _____	11. Under 24 Hours Hours: _____ Min: _____
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) HOUSEWIFE		10B. KIND OF BUSINESS OR INDUSTRY	
11. BIRTHPLACE (State or foreign country) NORTH CAROLINA		12. CITIZEN OF WHAT COUNTRY?	
13. FATHER'S NAME GEORGE W. ROLLINS		14. MOTHER'S MAIDEN NAME SUSIE WALLACE	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.	
17. INFORMANT SAMUEL V. SALAFIA		ADDRESS 3211 Gwynn Falls Parkway	
18. E874.0 DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) Paraldehyde Intoxication (A) _____ DUE TO _____ ANTECEDENT CAUSES (B) _____ DUE TO _____ DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. (C) _____ II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		INTERVAL BETWEEN ONSET AND DEATH	
19A. DATE OF OPERATION		19B. MAJOR FINDINGS OF OPERATION	
20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>			
21A. EXTERNAL CAUSE WAS UNDERLYING OR CONTRIB. UTING CAUSE OF DEATH.	21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.) home	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location) 3211 Gwynn's Falls Parkway	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY found 3/27/53 4:10 P. M.	21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	21F. HOW DID INJURY OCCUR? overdose of paraldehyde	
22. I certify that I took charge of the remains described above, held an Paraldehyde Autopsy thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: Paraldehyde Intoxication , accident <input checked="" type="checkbox"/> , suicide <input type="checkbox"/> , homicide <input type="checkbox"/> , undetermined <input type="checkbox"/> .			
23A. SIGNATURE William H. [Signature]		23B. CHIEF MEDICAL EXAMINER..... ASSISTANT MEDICAL EXAMINER..... M.D. MEDICAL INVESTIGATOR..... 3-28-53	
24A. BURIAL, CREMATION, REMOVAL (Specify) REMOVAL	24B. DATE 3/28/53	24C. NAME OF CEMETERY OR CREMATORY PROVIDENCE CEMETERY	
24D. LOCATION (City, town, or county) (State) FOREST CITY, NORTH CAROLINA			
DATE RECEIVED BY LOCAL REGISTRAR MAR 28 1953		25. FUNERAL DIRECTOR Huntington Williams, Mortuary, Inc., 1217 ST. PAUL ST.	

VS 151 **N974.0**

1. The first part of the report is a general description of the project and its objectives. It includes a brief history of the project and a statement of the problem to be solved. The second part of the report is a detailed description of the methodology used in the study. This includes a description of the data collection methods, the statistical methods used for data analysis, and the experimental procedures used to test the hypotheses. The third part of the report is a discussion of the results of the study. This includes a description of the findings, a comparison of the results with previous research, and a discussion of the implications of the findings. The final part of the report is a conclusion and a list of references.

53 3123

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 53 3123

BIRTH NO.		1. NAME OF DECEASED (Type or Print) HENRY DUNNIGAN		2. DATE OF DEATH 3-27-53	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Maryland B. COUNTY			
B. FULL NAME OF HOSPITAL OR INSTITUTION Mercy Hospital		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore 11-01			
c. Length of stay in Baltimore Lifetime		D. STREET ADDRESS (If rural, give location) 606 N. Calvert Street			
5. SEX Male	6. COLOR OR RACE White	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH 6-6-1880	9. AGE (In years last birthday) 72	10. Under 1 Year Months Days 11. Under 24 Hours Hours Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10B. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) Bel-air, Md.	
12. CITIZEN OF WHAT COUNTRY? USA		13. FATHER'S NAME Patrick Dunnigan		14. MOTHER'S MAIDEN NAME Annie-----	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) no		16. SOCIAL SECURITY NO.		17. INFORMANT ADDRESS Mr. McKew 2909 Overland Ave.	
18. 422.1 DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) Anteriosclerotic Cardiovascular Disease DUE TO ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. (B) (C) II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		CAUSE OF DEATH		INTERVAL BETWEEN ONSET AND DEATH	
19A. DATE OF OPERATION		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21A. EXTERNAL CAUSE WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH.		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I certify that I took charge of the remains described above, held an inspection & inquiry thereon and from Autopsy, Inspection or Inquiry the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes <input checked="" type="checkbox"/> , accident <input type="checkbox"/> , suicide <input type="checkbox"/> , homicide <input type="checkbox"/> , undetermined <input type="checkbox"/> .					
23A. SIGNATURE P. B. Fisher		23B. CHIEF MEDICAL EXAMINER..... M.D. ASSISTANT MEDICAL EXAMINER..... MEDICAL INVESTIGATOR.....		23C. DATE SIGNED 3-27-53	
24A. BURIAL, CREMATION, REMOVAL (Specify) Burial		24B. DATE 3-30-53		24C. NAME OF CEMETERY OR CREMATORY NEW CATHEDRAL	
24D. LOCATION (City, town, or county) (State) Baltimore Maryland		25. FUNERAL DIRECTOR Chas. F. Evans & Son 118 W. Mt. Royal Ave.		ADDRESS	
DATE RECEIVED BY LOCAL REGISTRAR MAR 29 1953		REGISTRAR'S SIGNATURE Huntington Williams, M.D.			

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FROM THE NATIONAL ARCHIVES

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53 3124
BIRTH NO.

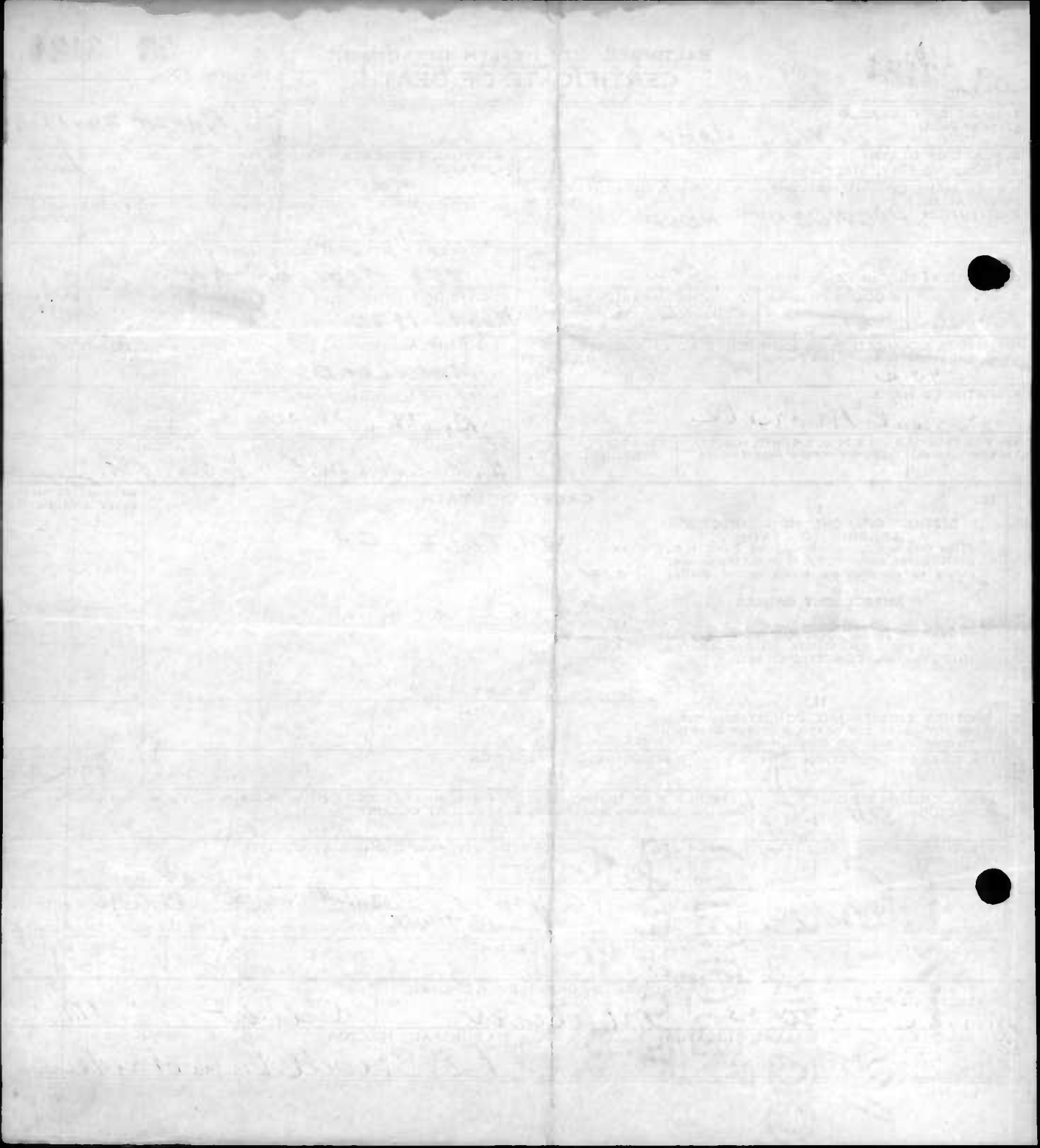
BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

53 3124
Registered No.

1. NAME OF DECEASED (Type or Print) DAVIS, MARY		2. DATE OF DEATH MARCH 26, 1953	
3. PLACE OF DEATH: a. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Md B. COUNTY	
b. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION PROVIDENT HOSP.		c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore 11-04	
d. Length of stay in Baltimore Life		d. STREET ADDRESS (If rural, give location) 953 Modison AVE.	
5. SEX Female	6. COLOR OR RACE ED	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH May 1, 1876
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Cook		10b. KIND OF BUSINESS OR INDUSTRY	9. AGE (In years last birthday) 76
11. BIRTHPLACE (State or foreign country) MARYLAND		12. CITIZEN OF WHAT COUNTRY?	
13. FATHER'S NAME Isreal Morsell		14. MOTHER'S MAIDEN NAME Bertha Morsell	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.	17. INFORMANT ADDRESS Francis Chae. 519 Orchard St.

18. 151X DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) GASTRIC CA DUE TO Sc. L. 1. d. y	CAUSE OF DEATH GASTRIC CA	INTERVAL BETWEEN ONSET AND DEATH 3
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		

19A. DATE OF OPERATION 9		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)		21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from Jan 11, 1953 , to March 26, 1953 , that I last saw the deceased alive on March 26, 1953 , and that death occurred at 11:45 A.M. , from the causes and on the date stated above.					
23A. SIGNATURE P. E. Seiwell M. D.		23B. ADDRESS 1422 E. Chase St		23C. DATE SIGNED 3/28/53	
24A. BURIAL, CREMATION, REMOVAL (Specify) Burial		24B. DATE 3-30-53		24C. NAME OF CEMETERY OR CREMATORY Mt Oliver	
24D. LOCATION (City, town, or county) (State) Calvert Md		24E. DATE RECEIVED BY LOCAL REGISTRAR MAR 29 1953		24F. REGISTRAR'S SIGNATURE Huntington Williams, M.D.	
24G. FUNERAL DIRECTOR P. E. Seiwell		24H. ADDRESS Prince Frederick		VS 150	



BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

53 3125

Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

UNKNOWN

BABY

2. DATE
OF
DEATH

March 5, 1953

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF
HOSPITAL OR
INSTITUTION (If not in hospital or institution, give street address or location)

Baltimore City Morgue

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE

Maryland

B. COUNTY

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Baltimore

D. STREET ADDRESS (If rural, give location)

Found: 723 N. Eutaw Street

Length of stay in Baltimore

Yrs.
Mos.
Days

6. COLOR OR RACE

Colored

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

10B. KIND OF BUSINESS OR INDUSTRY

13. FATHER'S NAME

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT

ADDRESS

18. 795.3

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH

(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Unknown

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B)

DUE TO

11

OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

(C)

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒21A. EXTERNAL CAUSE WAS
PRIMARY ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH.21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour)

21E. INJURY OCCURRED

WHILE AT
WORK ☐NOT WHILE
AT WORK ☐

21F. HOW DID INJURY OCCUR?

I certify that I took charge of the remains described above, held an Inspection & Inquiry thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☐, suicide ☐, homicide ☐, undetermined ☒.

23A. SIGNATURE

23B. CHIEF MEDICAL EXAMINER.....

23C. DATE SIGNED

M.D. ASSISTANT MEDICAL EXAMINER.....

March 9, 1953

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

Cremation

DATE RECEIVED BY
LOCAL REGISTRAR

March 23, 1953

24B. DATE

3-23-53

24C. NAME OF CEMETERY OR CREMATORY

Baltimore City Morgue

24D. LOCATION (City, town, or county)

700 Fleet St

(State)

25. FUNERAL DIRECTOR

ADDRESS

R. S. Fisher M.D.

SPR 26

THIRTY-THREE HILLMAN - 1912 - 1913
CERTIFICATE OF DEATH

1913

1913

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1913

1913



53 3126

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 53 3126

BIRTH NO. 53-07766

1. NAME OF DECEASED
(Type or Print)

UNKNOWN Infant

2. DATE
OF
DEATH

Unknown 3/24/53

3. PLACE OF DEATH:

a. Baltimore City, Maryland

b. FULL NAME OF
HOSPITAL OR
INSTITUTION (not in hospital or institution, give street address or location)

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

a. STATE

b. COUNTY

c. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

d. STREET ADDRESS (If rural, give location)

c. Length of stay in Baltimore

Yrs.
Mos.
Days

5. SEX

female unknown

6. COLOR OR RACE

unknown

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

8. DATE OF BIRTH

unknown

9. AGE (In years last birthday)

unknown 5

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country)

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME

unknown

14. MOTHER'S MAIDEN NAME

unknown

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)

(If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT

ADDRESS

18.

DISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A)

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B)

DUE TO

(C)

CAUSE OF DEATH

FOUND Decomposed in
HARBOR. - PRESUMABLY
Abandonment of NewbornINTERVAL BETWEEN
ONSET AND DEATHII
OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒21A. EXTERNAL CAUSE WAS
UNDERLYING ☐ OR CONTRIB-
UTING ☐ CAUSE OF DEATH.21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)

unknown

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

unknown

21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

unknown m.

21E. INJURY OCCURRED

WHILE AT ☐ NOT WHILE
WORK AT WORK

21F. HOW DID INJURY OCCUR?

Found in harbor

22. I certify that I took charge of the remains described above, held an inspection thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☐, suicide ☐, homicide ☐, undetermined ☒

23A. SIGNATURE

R. R. Fisher

M.D.

23B. CHIEF MEDICAL EXAMINER ☒ ASSISTANT MEDICAL EXAMINER ☐ MEDICAL INVESTIGATOR ☐

23C. DATE SIGNED 3-22-53

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

Cremation

24B. DATE

3/23/53

24C. NAME OF CEMETERY OR CREMATORY

Baltimore City Morgue

24D. LOCATION (City, town, or county)

701 Fleet St

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

Huntington Williams, M.D.

25. FUNERAL DIRECTOR

R. R. Fisher

ADDRESS

701 Fleet St

[Faint, illegible handwriting throughout the page, likely bleed-through from the reverse side. The text appears to be organized into several paragraphs.]

650

53 3127

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 53 3127

BIRTH NO. 53-06381

1. NAME OF DECEASED (Type or Print) BABY BOY BARNEY		2. DATE OF DEATH 3-15-53	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE md. B. COUNTY Balt.	
B. FULL NAME OF HOSPITAL OR INSTITUTION Univ. Hosp.		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Balt.	
C. Length of stay in Baltimore		D. STREET ADDRESS (If rural, give location) 131 Cypress Ct #22	
5. SEX M	6. COLOR OR RACE C	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) S	8. DATE OF BIRTH 3-15-53
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10B. KIND OF BUSINESS OR INDUSTRY	
11. BIRTHPLACE (State or foreign country) md.		12. CITIZEN OF WHAT COUNTRY? U.S.	
13. FATHER'S NAME ELVAN DOUGLAS BARNEY		14. MOTHER'S MAIDEN NAME VIOLA MARIE HARRIS	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)		16. SOCIAL SECURITY NO.	
17. INFORMANT		ADDRESS	

18. 762.0 DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) Atelectases - bilaterally and Visceral Congestion		INTERVAL BETWEEN ONSET AND DEATH
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		
19A. DATE OF OPERATION 3-15-53	19B. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)	21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY	21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21F. HOW DID INJURY OCCUR?
22. I hereby certify that I attended the deceased from 3-15-53 19, to 3-15-53 19, that I last saw the deceased alive on _____, 19____, and that death occurred at 3:59 Pm. , from the causes and on the date stated above.		
23A. SIGNATURE Wm R. Greco	23B. ADDRESS University Hosp	23C. DATE SIGNED 3/20/53
24A. BURIAL, CREMATION, REMOVAL (Specify)	24B. DATE	24C. NAME OF CEMETERY OR CREMATORY JOHN HOPKINS MEDICAL SCHOOL
24D. LOCATION (City, town, or county)		24E. ADDRESS
DATE RECEIVED BY LOCAL REGISTRAR MAR 23 1953		25. FUNERAL DIRECTOR Huntington Williams, M.D.

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATHRegistered No. **53 3128**

3 3128

BIRTH NO. **53-07396**1. NAME OF DECEASED
(Type or Print)**Baby Oppenheim**2. DATE
OF
DEATH**3/21/53**

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR
INSTITUTION**Lutherman Hospital****46 Ashburton St - Balto**C. **Newborn infant**
Place of stay in BaltimoreYrs.
Mos.
Days

5. SEX

M

6. COLOR OR RACE

W7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)**-**

8. DATE OF BIRTH

3/21/539. AGE (In years
last birthday)If Under 1 Year
Months: DaysIf Under 24 Hours
Hours: Min.**21**10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)10B. KIND OF BUSINESS OR
INDUSTRY**-**

11. BIRTHPLACE (State or foreign country)

Baltimore md12. CITIZEN OF
WHAT COUNTRY?

13. FATHER'S NAME

Manfred Oppenheim

14. MOTHER'S MAIDEN NAME

Margot Kellmann15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)16. SOCIAL
SECURITY NO.

17. INFORMANT

ADDRESS

Mother of infant (Oppenheim)18. **760.0**

CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY
LEADING TO DEATH(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A)

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B)

DUE TO

II

OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

(C)

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☒ NO ☐21A. ACCIDENT, SUICIDE,
HOMICIDE (Specify)21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

WHILE AT
WORK ☐NOT WHILE
AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from **3/21/53**, 19__, to **3/21/53**, 19__, that I last saw the
deceased alive on **3/21/53** 19__, and that death occurred at **8:04** a.m., from the causes and on the date stated above.

23A. SIGNATURE

23B. ADDRESS

23C. DATE SIGNED

M. D.

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county)

(State)

JOHN HOPKINS MEDICAL SCHOOL**MAR 27 1953**DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

MAR 29 1953**Huntington Williams, M.D.****Huntington Williams, M.D.**

CERTIFICATE OF LEAD

NATIONAL CITY BANK

1918

1918

DATE OF BIRTH

DATE OF DEATH

DATE OF BURIAL

DATE OF INTERMENT

DATE OF CREMATION

DATE OF EXHUMATION

DATE OF REINTERMENT

DATE OF REINTERMENT

DATE OF REINTERMENT

DATE OF REINTERMENT

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DATE OF REINTERMENT

DATE OF REINTERMENT

352

3 3129

53-05800

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH53 3129
Registered No.

1. NAME OF DECEASED (Type or Print) <i>Baby Boy Steennis</i>		2. DATE OF DEATH <i>3. 14. 53</i>	
3. PLACE OF DEATH: A. Baltimore City, Maryland ✓		4. USUAL RESIDENCE (Where deceased lived, if institution: residence before admission) A. STATE <i>MD.</i> B. COUNTY <i>Balto</i>	
B. FULL NAME OF HOSPITAL OR INSTITUTION <i>U. H.</i>		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <i>Balto - 13-03</i>	
C. Length of stay in Baltimore		D. STREET ADDRESS (If rural, give location) <i>2645 Francis St</i>	
5. SEX <i>M</i>	6. COLOR OR RACE <i>C</i>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH <i>3. 14. 53</i>
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10B. KIND OF BUSINESS OR INDUSTRY	
13. FATHER'S NAME <i>Steennis</i>		14. MOTHER'S MAIDEN NAME <i>Dorothy Pitts</i>	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.	
17. INFORMANT <i>B.</i>		ADDRESS	

18. <i>762.5</i> DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.	CAUSE OF DEATH (A) <i>Ataxlectasis</i> DUE TO <i>Cerebral Anoxia</i> (B) <i>Ataxlectasis</i> DUE TO (C) <i>Prematurity</i>	INTERVAL BETWEEN ONSET AND DEATH
--	---	----------------------------------

19A. DATE OF OPERATION <i>3. 11. 53</i>	19B. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)	21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY	21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21F. HOW DID INJURY OCCUR?
22. I hereby certify that I attended the deceased from <i>3. 11. 53</i> , to <i>3 - 14 1953</i> that I last saw the deceased alive on <i>3 - 14, 1953</i> and that death occurred at <i>1 PM.</i> , from the causes and on the date stated above.		
23A. SIGNATURE <i>P. G. Menon</i>	23B. ADDRESS <i>U. H.</i>	23C. DATE SIGNED <i>3. 14. 53</i>

24A. BURIAL, CREMATION, REMOVAL (Specify)	24B. DATE	24C. NAME OF CEMETERY OR CREMATORY <i>JOHN HOPKINS MEDICAL SCHOOL</i>	24D. LOCATION (City, town, or county) (State) <i>MAR 24 1953</i>
DATE RECEIVED BY LOCAL REGISTRAR <i>MAR 29 1953</i>	REGISTRAR'S SIGNATURE <i>Huntington Williams, M.D.</i>	25. FUNERAL DIRECTOR <i>Huntington Williams, M.D.</i> ADDRESS	

UNITED STATES DEPARTMENT OF AGRICULTURE
BUREAU OF PLANT INDUSTRY

1914

NAME OF PLANT	COUNTRY OF ORIGIN	DATE OF COLLECTION

654
53 3130

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

53 3130
Registered No.

BIRTH NO.

1. NAME OF DECEASED (Type or Print) Joseph Carmel			2. DATE OF DEATH 3/28/53		
3. PLACE OF DEATH: a. Baltimore City, Maryland			4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Maryland b. COUNTY Baltimore		
b. FULL NAME OF HOSPITAL OR INSTITUTION Sinai Hospital of Baltimore, Inc.			c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore		
c. Month of stay in Baltimore			d. STREET ADDRESS (If rural, give location) 2800 Lake ave		
5. SEX M	6. COLOR OR RACE W.	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH 6/15/90	9. AGE (in years last birthday) 62	10. Under 1 Year Months: Days: Hours: Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Grocer Business owner			10b. KIND OF BUSINESS OR INDUSTRY		
13. FATHER'S NAME Harris Carmel			12. CITIZEN OF WHAT COUNTRY? Russia		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)			16. SOCIAL SECURITY NO.		
17. INFORMANT Mrs Blanch Carmel			ADDRESS 2800 Lake ave		

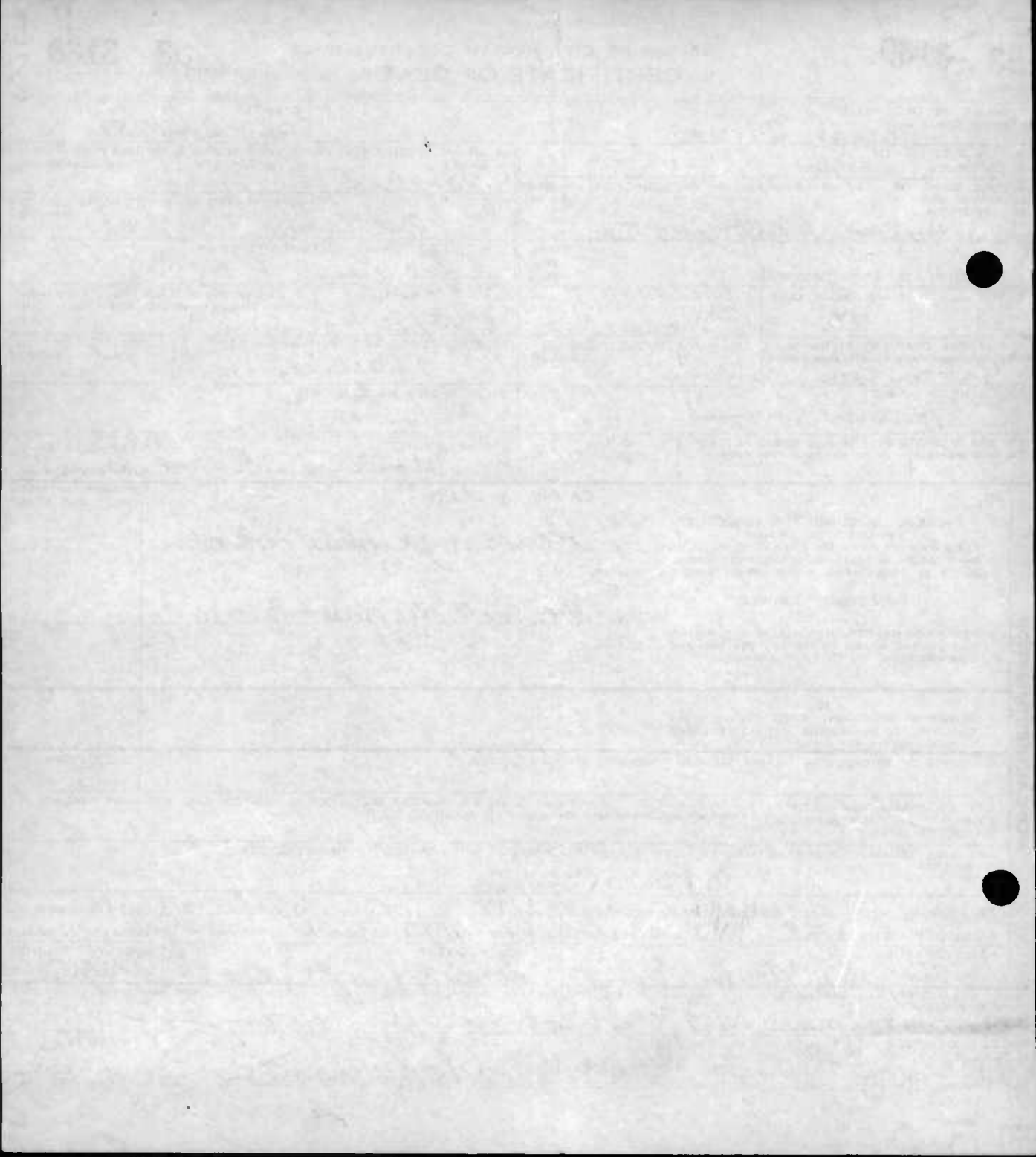
18. 420.0 DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) Acute myocardial infarction DUE TO Arteriosclerotic Heart Disease. DUE TO Arteriosclerotic Heart Disease. DUE TO Arteriosclerotic Heart Disease.	INTERVAL BETWEEN ONSET AND DEATH
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.	

19a. DATE OF OPERATION 3/27		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21d. TIME (Month) (Day) (Year) (Hour) OF INJURY		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from 3/27 , 19 53 , to 3/28 , 19 53 , that I last saw the deceased alive on 3/28 , 19 53 , and that death occurred at 11:45 a.m. , from the causes and on the date stated above.					
23a. SIGNATURE Stanley Charles Rubinitz		23b. ADDRESS Sinai Hosp. of Balto.		23c. DATE SIGNED 3/28/53	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE March 30/53		24c. NAME OF CEMETERY OR CREMATORY Methodist Holiness Cemetery	
24d. LOCATION (City, town, or county) (State) Havering Park		25. FUNERAL DIRECTOR Huntington Williams, M.D.		ADDRESS 1126 W Sol Levensons Bus North ave	

MAR 29 1953

VS 150

2906A



BALTIMORE CITY HEALTH DEPARTMENT
 CERTIFICATE OF DEATH

53 3131
 Registered No.

53 3131
 BIRTH NO.

1. NAME OF DECEASED (Type or Print) SOLOMON SALABES		2. DATE OF DEATH 3/27/53	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE MARYLAND B. COUNTY	
B. FULL NAME OF HOSPITAL OR INSTITUTION SINAI HOSPITAL		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) BALTIMORE 28-02	
C. Length of stay in Baltimore 66 Yrs. Mos. Days		D. STREET ADDRESS (If rural, give location) 4203 SPRINGDALE AVE	
5. SEX MALE	6. COLOR OR RACE WHITE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) DIVORCED	8. DATE OF BIRTH 6/27/1886
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		11. BIRTHPLACE (State or foreign country) BALTS	
10B. KIND OF BUSINESS OR INDUSTRY		12. CITIZEN OF WHAT COUNTRY? USA	
13. FATHER'S NAME Isidore Salabes		14. MOTHER'S MAIDEN NAME Ettie Lewyt	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)	16. SOCIAL SECURITY NO.	17. INFORMANT ADDRESS Mrs Salabes 2211 Kenneh Rd	
18. 420.0 + 260x DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) Pulmonary Edema DUE TO Heart Failure DUE TO Peripheral vascular disease Arteriosclerotic heart disease DUE TO		INTERVAL BETWEEN ONSET AND DEATH	
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. Diabetes mellitus			
19A. DATE OF OPERATION 3/23/53	19B. MAJOR FINDINGS OF OPERATION liver ganglionectomy		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH	21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY	21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from 3/14/53 to 3/27/53 , that I last saw the deceased alive on 3/26/53 and that death occurred at 2:24 a. m., from the causes and on the date stated above.			
23A. SIGNATURE Isidore Kramer M. D.		23B. ADDRESS Sinai Hospital	23C. DATE SIGNED
24A. BURIAL, CREMATION, REMOVAL (Specify)	24B. DATE 3/29/53	24C. NAME OF CEMETERY OR CREMATORY Balts Hebrew Burial	24D. LOCATION (City, town, or county) (State) Baldis Rd Md
DATE RECEIVED BY LOCAL REGISTRAR	REGISTRAR'S SIGNATURE Thurston	25. FUNERAL DIRECTOR ADDRESS David P. Hester 1812 Eastern Plaza	

MEDICAL CERTIFICATION

MAR 29 1953
 VS 150

See query reply in Document File

252
53 3132BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

53 3132

Registered No. _____

BIRTH NO. _____

1. NAME OF DECEASED
(Type or Print)

Joseph Sosnowski

2. DATE
OF
DEATH

3-27-53

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence

A. STATE

Maryland

B. COUNTY

before admission)

B. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR
INSTITUTION

St. Agnes Hospital

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Baltimore

D. STREET ADDRESS (If rural, give location)

100-12th Ave., Brooklyn Park

C. Length of stay in Baltimore

Yrs.
Mos.
Days

5. SEX

Male

6. COLOR OR RACE

White

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

Married

8. DATE OF BIRTH

10-28-1896

9. AGE (In years
last birthday)

56

If Under 1 Year
Months: DaysIf Under 24 Hours
Hours: Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

Merchant

10B. KIND OF BUSINESS OR
INDUSTRY

11. BIRTHPLACE (State or foreign country)

Poland

12. CITIZEN OF
WHAT COUNTRY?

13. FATHER'S NAME

Joseph

Sosnowski

14. MOTHER'S MAIDEN NAME

Johanna Stanul

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown)

(If yes, give war or dates of service)

16. SOCIAL
SECURITY NO.

INFORMANT

ADDRESS

Victoria Sosnowski

18. 584x

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e.g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A) DUE TO

Lower nephron nephrosis

4 days

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B) DUE TO

Operative shock
Chronic Cholecystitis
with lithiasisII
OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

Myocardial Insufficiency

5 years

19A. DATE OF OPERATION

3/20/53

19B. MAJOR FINDINGS OF OPERATION

Chronic Cholecystitis with lithiasis

20. AUTOPSY?

YES ☐ NO ☒21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH21B. PLACE OF INJURY (e.g., in or
about home, farm, factory, street, office, etc.)21C. WHERE DID
INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour)
INJURY

21E. INJURY OCCURRED

WHILE AT ☐ NOT WHILE ☐
WORK AT WORK

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 3/5, 1953, to 3/27, 1953, that I last saw the
deceased alive on 3/27, 1953, and that death occurred at 5:27 a.m., from the causes and on the date stated above.

23A. SIGNATURE

Stephen K. Pacheco

M. D.

23B. ADDRESS

St. Agnes Hospital

23C. DATE SIGNED

3/27/53

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

Burial

24B. DATE

March 30/53 Holy Cross a.c.o. Baltimore

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county)

(State)

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

Huntington Williams, M.D.

25. FUNERAL DIRECTOR

Fred W. Ozajewski

ADDRESS

UNITED STATES DEPARTMENT OF JUSTICE
FEDERAL BUREAU OF INVESTIGATION

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430
3 3133BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH53 3133
Registered No.

1. NAME OF DECEASED (Type or Print) MARY VIRGINIA ELLETT		2. DATE OF DEATH MARCH 28 1953	
3. PLACE OF DEATH: a. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE MARYLAND b. COUNTY	
b. FULL NAME OF HOSPITAL OR INSTITUTION UNION MEMORIAL HOSPITAL		c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) BALTIMORE 27-14	
c. Length of stay in Baltimore LIFETIME		d. STREET ADDRESS (If rural, give location) CHADFORD APTS., W. UNIVERSITY PKWY	
5. SEX F	6. COLOR OR RACE W	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) WIDOWED	8. DATE OF BIRTH AUG 19 1877
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) NONE		10b. KIND OF BUSINESS OR INDUSTRY	9. AGE (In years last birthday) 75
13. FATHER'S NAME ANDREW FRENCH MILLS		11. BIRTHPLACE (State or foreign country) BALTIMORE MD.	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) UNKNOWN		12. CITIZEN OF WHAT COUNTRY? USA.	
16. SOCIAL SECURITY NO.		14. MOTHER'S MAIDEN NAME ALVERTA LUCAS	
18. 155X DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) ABDOMINAL CARCINOMATOSIS		17. INFORMANT FRIEND	
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. CARCINOMA OF AMPULLA OF VATER		ADDRESS Hosp. Record	
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		INTERVAL BETWEEN ONSET AND DEATH	
19A. DATE OF OPERATION 0		19B. MAJOR FINDINGS OF OPERATION	
20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>			
21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)		21b. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	
21c. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)			
21d. TIME (Month) (Day) (Year) (Hour) INJURY		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
21f. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from MARCH 10 1953 , to MARCH 28 1953 , that I last saw the deceased alive on MARCH 28 1953 , and that death occurred at 4 15 pm. , from the causes and on the date stated above.			
23A. SIGNATURE Rudolph Beasley Jr.		23B. ADDRESS UNION MEMORIAL HOSPITAL	
23C. DATE SIGNED MARCH 28 1953			
24A. BURIAL, CREMATION, REMOVAL (Specify) Cremation		24B. DATE Mar 30 1953	
24C. NAME OF CEMETERY OR CREMATORY Green Mount		24D. LOCATION (City, town, or county) (State) Balto. Md	
DATE RECEIVED BY LOCAL REGISTRAR MAR 29 1953		REGISTRAR'S SIGNATURE Huntington Williams, M.D.	
25. FUNERAL DIRECTOR H. W. Jenkins & Son Co		ADDRESS 4905 York Rd	

DATE 82

STATE OF NEW YORK

IN SENATE

1982



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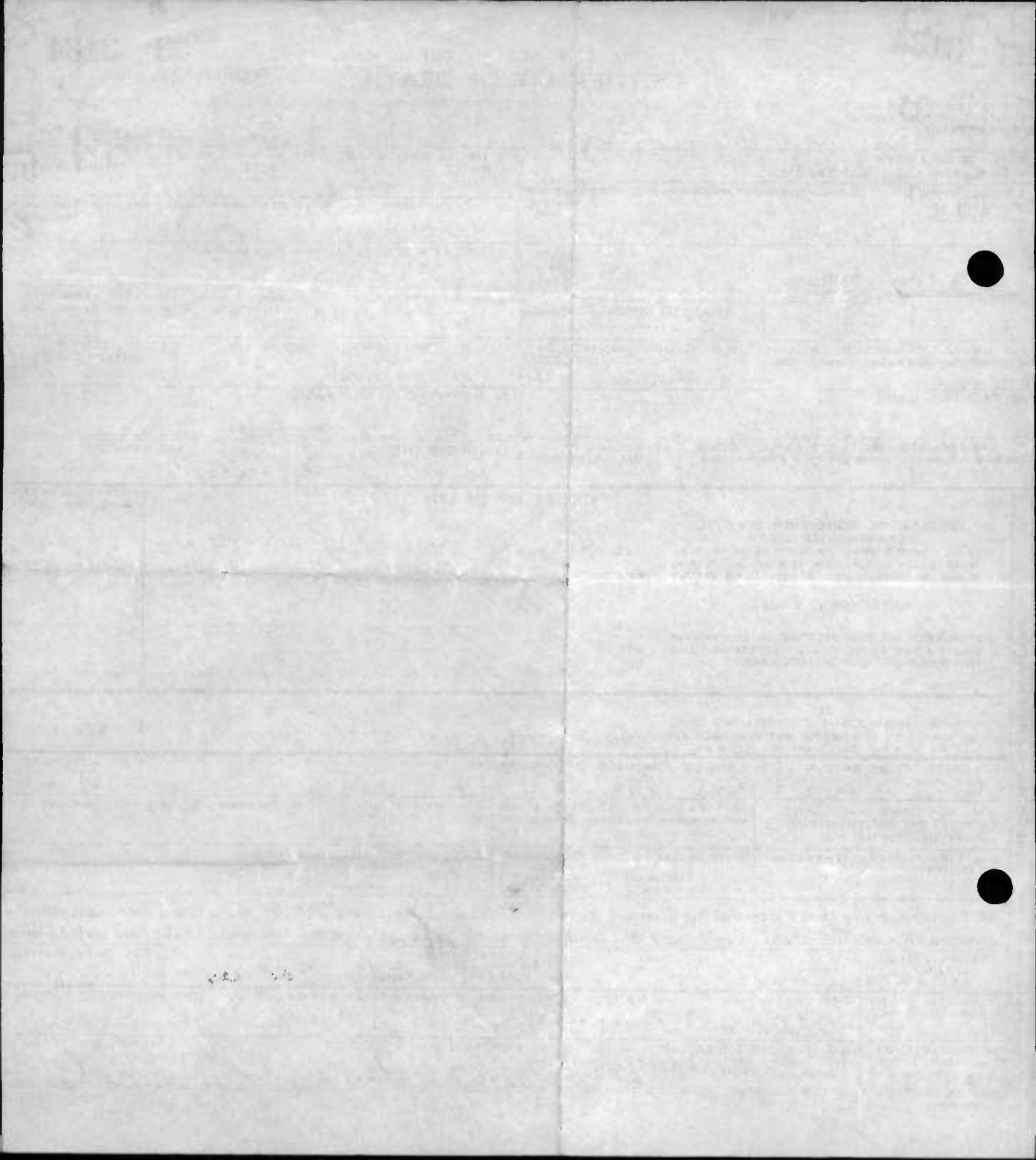
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464
53 3134BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH53 3134
Registered No.

BIRTH NO.		1. NAME OF DECEASED (Type or Print) <i>William G. Flerlage</i>		2. DATE OF DEATH <i>March 27, 1953</i>	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived, if institution: residence before admission) A. STATE <i>Maryland</i> B. COUNTY			
5. FULL NAME OF HOSPITAL OR INSTITUTION <i>South Baltimore Gen. Hospital</i>		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <i>Baltimore 23-01</i>			
6. Length of stay in Baltimore Yrs. Mos. Days		D. STREET ADDRESS (If rural, give location) <i>1415 Clarkson St.</i>			
5. SEX <i>m.</i>	6. COLOR OR RACE <i>m.</i>	7. SINGLE, MARRIED, WIDOWED, DIVORCED* (Specify) <i>married</i>	8. DATE OF BIRTH <i>Oct. 4 - 1908</i>	9. AGE (in years last birthday) <i>44</i>	If Under 1 Year Months: Days: If Under 24 Hours Hours: Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>Drummer</i>		10B. KIND OF BUSINESS OR INDUSTRY <i>Guthrie Bumpier Co</i>		11. BIRTHPLACE (State or foreign country) <i>Maryland</i>	
12. CITIZEN OF WHAT COUNTRY?		13. FATHER'S NAME <i>August Flerlage</i>			
14. MOTHER'S MAIDEN NAME <i>Steen Janssen</i>		15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)			
16. SOCIAL SECURITY NO.		17. INFORMANT ADDRESS <i>Mrs. Wm G. Flerlage same</i>			
18. <i>332X</i> I DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthma, etc. It means the disease, injury or complication which caused death.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.		CAUSE OF DEATH (A) <i>Erephalomalacia of undetermined cause</i> DUE TO (B) DUE TO (C)		INTERVAL BETWEEN ONSET AND DEATH <i>10 HRS.</i>	
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		<i>Acute dilatation of the Stomach</i>		<i>88 HRS.</i>	
19A. DATE OF OPERATION <i>March 23, 1953</i>		19B. MAJOR FINDINGS OF OPERATION <i>Acute dilatation of stomach + proximal portion small</i>		20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY <i>m.</i>		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from <i>March 23, 1953</i> to <i>March 27, 1953</i> that I last saw the deceased alive on <i>March 27, 1953</i> and that death occurred at <i>9 p m.</i> , from the causes and on the date stated above.					
23A. SIGNATURE <i>W. Wilbouway</i>		23B. ADDRESS M. D. <i>Smith Baltimore Genl Hosp.</i>		23C. DATE SIGNED	
24A. BURIAL, CREMATION, REMOVAL (Specify) <i>burial</i>		24B. DATE <i>3/31/53</i>		24C. NAME OF CEMETERY OR CREMATORY <i>Holy Cross</i>	
24D. LOCATION (City, town, or county) (State) <i>Ritchie Highway</i>		24E. DATE RECEIVED BY LOCAL REGISTRAR <i>MAR 29 1953</i>		24F. REGISTRAR'S SIGNATURE <i>Huntington Williams, M.D.</i>	
24G. FUNERAL DIRECTOR <i>J. J. Zahay, same</i>		24H. ADDRESS <i>1318 Light</i>		24I. VS 150	

690 46



630
53 3135
CERTIFICATE CORRECTED 3-31-53BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH53 3135
Registered No.

BIRTH NO.			1. NAME OF DECEASED (Type or Print)			2. DATE OF DEATH March 19, 1953		
3. PLACE OF DEATH: A. Baltimore City, Maryland			4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Maryland			B. COUNTY		
B. FULL NAME OF HOSPITAL OR INSTITUTION St. Joseph's Hospital			C. CITY OR TOWN Baltimore			18-01		
c. Length of stay in Baltimore			D. STREET ADDRESS (If rural, give location) 4 N. Poppleton Street					
5. SEX Male	6. COLOR OR RACE Colored	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH April - 1902		9. AGE (In years last birthday) 50	10. Under 1 Year Months: Days	11. Under 24 Hours Hours: Min.	
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Laborer			10B. KIND OF BUSINESS OR INDUSTRY			11. BIRTHPLACE (State or foreign country) Bishopville, S. C.		
13. FATHER'S NAME Unknown George Garrett			14. MOTHER'S MAIDEN NAME unknown Susan ??			12. CITIZEN OF WHAT COUNTRY?		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)			16. SOCIAL SECURITY NO.			17. INFORMANT ADDRESS Bennie Dubose, 847 Vine Street		
18. 443X I DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, ashenia, etc. It means the disease, injury or complication which caused death.) Cerebral accident DUE TO Hypertensive Cardiovascular Disease ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.			CAUSE OF DEATH			INTERVAL BETWEEN ONSET AND DEATH		
19A. DATE OF OPERATION			19B. MAJOR FINDINGS OF OPERATION			20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH			21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)			21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)		
21D. TIME (Month) (Day) (Year) (Hour) INJURY			21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>			21F. HOW DID INJURY OCCUR?		
22. I hereby certify that I attended the deceased from March 19, 1953, to March 19, 1953 that I last saw the deceased alive on March 19, 1953, and that death occurred at 9:05 pm., from the causes and on the date stated above.								
23A. SIGNATURE P. J. Davis			23B. ADDRESS 1400 N. Caroline Street			23C. DATE SIGNED March 19, 1953		
24A. BURIAL, CREMATION, REMOVAL (Specify) Burial			24B. DATE 3/30/53			24C. NAME OF CEMETERY OR CREMATORY Mt. Auburn		
24D. LOCATION (City, town, or county) (State) Balto. Md.			25. FUNERAL DIRECTOR ADDRESS Mrs Katie R. Williams, 322 N. Schroder St.					

VS 150

97099

CERTIFICATE OF DEATH

NAME OF DECEASED

AGE

SEX

RACE

DATE OF BIRTH

PLACE OF BIRTH

DATE OF DEATH

PLACE OF DEATH

CAUSE OF DEATH

DIAGNOSIS

DATE OF EXAMINATION

PLACE OF EXAMINATION

SIGNATURE OF PHYSICIAN

DATE OF SIGNATURE

SIGNATURE OF REGISTRAR

DATE OF SIGNATURE

SIGNATURE OF WITNESS

DATE OF SIGNATURE

SIGNATURE OF DECEASED

DATE OF SIGNATURE

SIGNATURE OF DECEASED

DATE OF SIGNATURE

SIGNATURE OF DECEASED

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DATE OF SIGNATURE

-260
53 3136BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH53 3136
Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

MRS. Owensy A. Bucher

2. DATE
OF
DEATH

3-26-53

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF
HOSPITAL OR
INSTITUTION (If not in hospital or institution, give street address or location)

21 N. Morley St

C. Length of stay in Baltimore

Yrs.
Mos.
Days4. USUAL RESIDENCE (Where deceased lived. If institution: residence
A. STATE before admission)

Md

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

BALTO-

20-07

D. STREET ADDRESS (If rural, give location)

21 N. Morley St

5. SEX

Female

6. COLOR OR RACE

white

7. SINGLE, MARRIED,

WIDOWED, DIVORCED (Specify)

widowed

8. DATE OF BIRTH

AUG. 8. 1873

9. AGE (in years
last birthday)

79

If Under 1 Year
Months: DaysIf Under 24 Hours
Hours: Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

Housewife

10B. KIND OF BUSINESS OR
INDUSTRY

11. BIRTHPLACE (State or foreign country)

CALVERT Co- Md

12. CITIZEN OF
WHAT COUNTRY?

13. FATHER'S NAME

B. Dixon

14. MOTHER'S MAIDEN NAME

Susan Phipps

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)16. SOCIAL
SECURITY NO.

17. INFORMANT

ADDRESS

B. Albert Bucher - 21 N. Morley St

18. 420.1

CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A)

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B)

DUE TO

(C)

INTERVAL BETWEEN
ONSET AND DEATH

48 hrs

10 yrs

II
OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID (If in Baltimore City, give exact location)
INJURY OCCUR?21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

WHILE AT ☐ NOT WHILE ☐
WORK AT WORK

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Jan 10, 1950, to Mar 26, 1953, that I last saw the
deceased alive on 3/26/53, and that death occurred at 7:20 p.m., from the causes and on the date stated above.

23A. SIGNATURE

M. D.

23B. ADDRESS

14334 - 1st St

23C. DATE SIGNED

3/26/53

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

Burial

24B. DATE

3-30-53

24C. NAME OF CEMETERY OR CREMATORY

Mt. Oliver Cem

24D. LOCATION (City, town, or county) (State)

Frederick Ave Md

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

Huntington Williams, M.D.

25. FUNERAL DIRECTOR

ADDRESS

Thos. J. Renny, Inc. 1600 Hollins St



150

53 3137

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

53 3137

Registered No. _____

1. NAME OF DECEASED (Type in Print) WYLESS TOPPIN		2. DATE OF DEATH 3/29/53	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived, if institution: residence before admission) A. STATE Md B. COUNTY _____	
B. FULL NAME OF HOSPITAL OR INSTITUTION University		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore 15-01	
c. Length of stay in Baltimore		D. STREET ADDRESS (If rural, give location) 1305 N. Stricker St	
5. SEX male	6. COLOR OR RACE colored	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) married	8. DATE OF BIRTH 11/22/15
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		9. AGE (In years last birthday) 37	
10B. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) Onancock, Virginia	
13. FATHER'S NAME — Henry Toppin		12. CITIZEN OF WHAT COUNTRY? USA	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) unknown		16. SOCIAL SECURITY NO. _____	
17. INFORMANT Effie Toppin		ADDRESS Onancock, Va	
18. 155X I DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) uremia DUE TO _____			
II ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. malnutrition DUE TO _____ primary hepatoma DUE TO _____			
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.			
19A. DATE OF OPERATION		19B. MAJOR FINDINGS OF OPERATION	
20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>			
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH <input type="checkbox"/>	21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) INJURY	21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from 3/27 , 19 53 , to 3/29 , 19 53 , that I last saw the deceased alive on 3/28 , 19 53 , and that death occurred at 7⁰⁰ am., from the causes and on the date stated above.			
23A. SIGNATURE H. Langenfelder		23B. ADDRESS University Hospital	
23C. DATE SIGNED 3/29/53			
24A. BURIAL, CREMATION, REMOVAL (Specify)	24B. DATE April 1, 1953	24C. NAME OF CEMETERY OR CREMATORY Bayside Cemetery	24D. LOCATION (City, town, or county) (State) Onancock, Virginia
DATE RECEIVED BY LOCAL REGISTRAR MAR 30 1953		REGISTRAR'S SIGNATURE Huntington Williams	
FUNERAL DIRECTOR J. Edgar Thomas		ADDRESS Accomac, Va	

MEDICAL CERTIFICATION

250
53 3138BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH53 3138
Registered No. _____

BIRTH NO.		1. NAME OF DECEASED (Type or Print) <i>FRANCES V. LOUGHNEY</i>		2. DATE OF DEATH <i>MARCH 27, 1953</i>	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE <i>Maryland</i> B. COUNTY _____			
B. FULL NAME OF HOSPITAL OR INSTITUTION <i>Mercy Hospital</i>		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <i>Baltimore</i> <i>27-48</i>			
C. Length of stay in Baltimore <i>18 yrs.</i>		D. STREET ADDRESS (If rural, give location) <i>721 Cedarcroft</i>			
5. SEX <i>Female</i>	6. COLOR OR RACE <i>white</i>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <i>Single</i>	8. DATE OF BIRTH <i>May 1, 1915</i>	9. AGE (In years last birthday) <i>37 yrs.</i>	10. Under 1 Year Months: Days 11. Under 24 Hours Hours: Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>Registered nurse</i>		10B. KIND OF BUSINESS OR INDUSTRY <i>Mercy Hospital</i>		11. BIRTHPLACE (State or foreign country) <i>Maryland</i>	
12. CITIZEN OF WHAT COUNTRY? <i>U.S.A.</i>		13. FATHER'S NAME <i>Patrick Loughney</i>		14. MOTHER'S MAIDEN NAME <i>Mary Tighe</i>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.		17. INFORMANT ADDRESS <i>Patrick Loughney, 2623 Canterbury Rd.</i>	
18. <i>630.1</i>		CAUSE OF DEATH			
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthma, etc. It means the disease, injury or complication which caused death.)		(A) <i>Pelvic Endometriosis</i>		INTERVAL BETWEEN ONSET AND DEATH <i>10-12 yrs.</i>	
ANTECEDENT CAUSES		(B) <i>Tubo-Ovarian Abscess, Left</i>		<i>19 days</i>	
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.		(C) <i>Septicemia</i>		<i>6 days</i>	
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		<i>Supra-vaginal Hysterectomy, Bilateral Salpingo-oophorectomy</i>			
19A. DATE OF OPERATION <i>March 24, 1953</i>		19B. MAJOR FINDINGS OF OPERATION <i>Tubo-Ovarian Abscess, Left. Pelvic Endometriosis</i>		20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH		21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from <i>March 20, 1953</i> , to <i>March 27, 1953</i> , that I last saw the deceased alive on <i>March 27, 1953</i> , and that death occurred at <i>7:25 p.m.</i> , from the causes and on the date stated above.					
23A. SIGNATURE <i>D. Williams Jr. M.D.</i>		23B. ADDRESS <i>Mercy Hospital</i>		23C. DATE SIGNED <i>3/27/53</i>	
24A. BURIAL, CREMATION, REMOVAL (Specify) <i>Burial</i>		24B. DATE <i>3/30/53</i>		24C. NAME OF CEMETERY OR CREMATORY <i>St. Michael Cemetery</i>	
24D. LOCATION (City, town, or county) (State) <i>Frostburg, Maryland</i>		DATE RECEIVED BY LOCAL REGISTRAR <i>March 30, 1953</i>		REGISTRAR'S SIGNATURE <i>Huntington Williams, M.D.</i>	
25. FUNERAL DIRECTOR <i>Wm. Cook, Inc.</i>		ADDRESS <i>1217 St. Paul St.</i>			

245
53 3139BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No.

53 3139

BIRTH NO. 52-31142

NAME OF DECEASED
Type or Print *Gene Richard Baby Boy McClung*2. DATE OF DEATH *March 28 1953*3. PLACE OF DEATH:
*Baltimore City, Maryland*4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE *md.* B. COUNTY *Baltimore*5. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location)
*Maryland General Hospital*C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)
*Baltimore*c. Length of stay in Baltimore
*life*D. STREET ADDRESS (If rural, give location)
*195 Edgewater Apt 5300*5. SEX *m.* 6. COLOR OR RACE *white* 7. ☒ SINGLE ☐ MARRIED, ☐ WIDOWED, ☐ DIVORCED (Specify)8. DATE OF BIRTH *Dec. 18 1952* 9. AGE (In years last birthday) *3* 10. If Under 1 Year Months: *10* If Under 24 Hours Hours: *10* Min.10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)
10B. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country)
*md.*12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME
*Robert McClung*14. MOTHER'S MAIDEN NAME
*Anna McClung*15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, unknown) *No* (If yes, give war or dates of service)16. SOCIAL SECURITY NO.
17. INFORMANT ADDRESS
*md General Hospital*18. *578x*
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)
Aspiration pneumonia

CAUSE OF DEATH

INTERVAL BETWEEN ONSET AND DEATH

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.
*Maximal wall fistula*II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.
19A. DATE OF OPERATION *0*

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

WHILE AT ☐ WORK NOT WHILE ☐ AT WORK22. I hereby certify that I attended the deceased from *Dec 21st*, 19*52*, to *Mar. 28*, 19*53*, that I last saw the deceased alive on *Mar. 28*, 19*53*, and that death occurred at *10:54 a.m.*, from the causes and on the date stated above.23A. SIGNATURE
834 Jui Lin

M. D.

23B. ADDRESS
*md General Hospital*23C. DATE SIGNED
Mar. 28 53

24A. BURIAL, CREMATION, REMOVAL (Specify)

24B. DATE
*3/30/53*24C. NAME OF CEMETERY OR CREMATORY
*Prospect Hill*24D. LOCATION (City, town, or county) (State)
*Towson*DATE RECEIVED BY LOCAL REGISTRAR
*MAR 30 1953*REGISTRAR'S SIGNATURE
*Huntington Williams, M.D.*25. FUNERAL DIRECTOR
*Wm Cook Inc.*ADDRESS
1217 St. Paul St.

OFFICE OF THE

STATE ARCHIVES



450
AB-169028
53 3140

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

53 3140
Registered No.

BIRTH NO.		1. NAME OF DECEASED (Type or Print) Mary Glenn		2. DATE OF DEATH March 28-1953	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Maryland B. COUNTY			
B. FULL NAME OF HOSPITAL OR INSTITUTION Baltimore City Hospitals 4940 Eastern Ave.		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore 12-03			
c. Length of stay in Baltimore 2 days?		D. STREET ADDRESS (If rural, give location) 2732 N. Calvert St.			
5. SEX F	6. COLOR OR RACE W	7. SINGLE, MARRIED, WIDOWED, DIVORCED Single	8. DATE OF BIRTH 5/23/1888		9. AGE (In years last birthday) 64
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Board Operator		10B. KIND OF BUSINESS OR INDUSTRY Md. School for Blind		11. BIRTHPLACE (State or foreign country) Balt. Md.	
13. FATHER'S NAME (Unknown)		14. MOTHER'S MAIDEN NAME Unknown			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)		16. SOCIAL SECURITY NO.		17. INFORMATION ADDRESS Baltimore City Hospitals Records: 4940 Eastern Ave.	
18. 420.0 DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) Arteriosclerotic Heart Disease and Failure		CAUSE OF DEATH (A) Arteriosclerotic Heart Disease and Failure (B) Generalized Arteriosclerosis (C)		INTERVAL BETWEEN ONSET AND DEATH	
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.					
19A. DATE OF OPERATION 0		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH <input type="checkbox"/>		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from 3-26 , 19 53 to 3-28 , 19 53 , that I last saw the deceased alive on 3-28 , 19 53 , and that death occurred at 12:30 PM from the causes and on the date stated above.					
23A. SIGNATURE H. C. Johnson		M. D. 4940 Eastern Ave., Baltimore Md.		23C. DATE SIGNED 3-28-1953	
24A. BURIAL, CREMATION, REMOVAL (Specify)		24B. DATE 3/31/53		24C. NAME OF CEMETERY OR CREMATORY Balto	
24D. LOCATION (City, town, or county) (State) Balto. Md.					
DATE RECEIVED BY LOCAL REGISTRAR MAR 30 1953		REGISTRAR'S SIGNATURE Harry J. Williams, M.D.		25. FUNERAL DIRECTOR Wm Cook Inc. 1217 St. Paul St.	

CERTIFICATE OF DEATH

DEPARTMENT OF HEALTH

DATE OF DEATH

DEPARTMENT OF HEALTH

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DEPARTMENT OF HEALTH

-420
53 3141BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH53 3141
Registered No.

BIRTH NO. 52-29021

1. NAME OF DECEASED
(Type or Print)

Kathleen L. Kluka

2. DATE
OF
DEATH

March 27, 1953

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR
INSTITUTION

1705 Clarkson Street

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE

Maryland

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Baltimore

D. STREET ADDRESS (If rural, give location)

1705 Clarkson Street

5. SEX

female

6. COLOR OR RACE

white

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

single

8. DATE OF BIRTH

Dec. 4, 1952

9. AGE (In years
last birthday)If Under 1 Year
Months: Days Hours: Min.

3 23

10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)10B. KIND OF BUSINESS OR
INDUSTRY

11. BIRTHPLACE (State or foreign country)

Baltimore, Maryland

12. CITIZEN OF
WHAT COUNTRY?

13. FATHER'S NAME

Joseph Kluka

14. MOTHER'S MAIDEN NAME

Pauline M. Thompkins

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)16. SOCIAL
SECURITY NO.17. INFORMANT ADDRESS
Joseph Kluka, 1705 Clarkson Street

18. 291.2

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e.g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A) Septicemia - overwhelming

DUE TO

4 days

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B) Otitis Media

DUE TO

1 day

(C)

II
OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH21B. PLACE OF INJURY (e.g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR? (If in Baltimore City, give exact location)21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

WHILE AT ☐ NOT WHILE ☐
WORK AT WORK22. I hereby certify that I attended the deceased from 3-24, 1953, to 3-27, 1953, that I last saw the
deceased alive on 3-24, 1953, and that death occurred at 11 A. m., from the causes and on the date stated above.

23A. SIGNATURE

23B. ADDRESS

23C. DATE SIGNED

M. D.

707 Fort Ave.

3-27-53

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

burial

24B. DATE

3/30/53

24C. NAME OF CEMETERY OR CREMATORY

Holy Cross Cemetery

24D. LOCATION (City, town, or county) (State)

Anne Arundel County, Maryland

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

MAR 30 1953

Huntington Williams

Wm. Cook, Inc.,

1217 St. Paul Street

263
53 3142BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH53 3142
Registered No.

BIRTH NO.

1. NAME OF DECEASED (Type or Print) <i>Katherine M. McCord</i>		2. DATE OF DEATH <i>3/27/53</i>	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE <i>Md</i> B. COUNTY	
B. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION <i>709 S. Linwood Ave</i>		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <i>Balto 1-01</i>	
C. Month of stay in Baltimore		D. STREET ADDRESS (If rural, give location) <i>709 S. Linwood Ave</i>	
5. SEX <i>Female</i>	6. COLOR OR RACE <i>White</i>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <i>Widowed</i>	8. DATE OF BIRTH <i>9/28/1888</i>
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>House wife</i>		10B. KIND OF BUSINESS OR INDUSTRY <i>Own Home</i>	9. AGE (In years last birthday) <i>64</i> If Under 1 Year Months: Days: If Under 24 Hours Hours: Min.
11. BIRTHPLACE (State or foreign country) <i>Balto. Md.</i>		12. CITIZEN OF WHAT COUNTRY?	
13. FATHER'S NAME <i>Herman Schulze</i>		14. MOTHER'S MAIDEN NAME <i>(Unknown) Hoxsout</i>	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) <i>No</i>		16. SOCIAL SECURITY NO.	
17. INFORMANT <i>Melvin L. McCord</i>		ADDRESS <i>3422 Fair Ave</i>	

18. *422.1*

CAUSE OF DEATH

INTERVAL BETWEEN ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)(A) DUE TO
Myocardial Degeneration

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B) DUE TO
Auricular Fibrillation
(C) DUE TO
*Generalized arteriosclerosis*II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION <i>0</i>		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
21A. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT <input type="checkbox"/> WORK NOT WHILE <input type="checkbox"/> AT WORK		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from <i>Feb 10</i> , 1947 to <i>March 27</i> , 1953, that I last saw the deceased alive on <i>March 26</i> , 1953, and that death occurred at <i>5 P</i> m., from the causes and on the date stated above.					
23A. SIGNATURE <i>E. A. Blanton Jr.</i>		23B. ADDRESS <i>3501 Fair Ave</i>		23C. DATE SIGNED <i>3-28-53</i>	
24A. BURIAL, CREMATION, REMOVAL (Specify) <i>Burial</i>		24B. DATE <i>3/31/53</i>		24C. NAME OF CEMETERY OR CREMATORY <i>Trinity</i>	
DATE RECEIVED BY LOCAL REGISTRAR <i>MAR 30 1953</i>		REGISTRAR'S SIGNATURE <i>Huntington Williams, M.D.</i>		25. FUNERAL DIRECTOR <i>Wm Cook Inc. 1217 St. Paul St.</i>	
				ADDRESS	

460

53 3143

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH53 3143
Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

MILLER, MRS. SALLY S.E.

2. DATE
OF
DEATH

MARCH 29, 1953

3. PLACE OF DEATH:

A. Baltimore City, Maryland Baltimore, Md.

4. USUAL RESIDENCE (Where deceased lived. If institution: residence
A. STATE B. COUNTY before admission)

Maryland

B. FULL NAME OF (If not in hospital or institution, give street address or
HOSPITAL OR location)
INSTITUTIONHome for Incapables - 700 W. 40th ST.C. CITY OR TOWN (If outside corporate limits, write RURAL and give
township)

Baltimore

13-07

D. STREET ADDRESS (If rural, give location)

- 700 W. 40th ST.

C. Length of stay in Baltimore

6 yrs.

Yrs.
Mos.
Days

5. SEX

Female

6. COLOR OR RACE

White

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

Widowed

B. DATE OF BIRTH

OCT. 18, 1872

9. AGE (in years
last birthday)

80

If Under 1 Year
Months: DaysIf Under 24 Hours
Hours: Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

none

10B. KIND OF BUSINESS OR
INDUSTRY

-

11. BIRTHPLACE (State or foreign country)

MIDDWAY West Va.

12. CITIZEN OF
WHAT COUNTRY?

U. S. A.

13. FATHER'S NAME

ALEXANDER MASON EVANS

14. MOTHER'S MAIDEN NAME

HARRIET SCOLLAY

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown)

no

16. SOCIAL
SECURITY NO.

none

17. INFORMANT

S.E.R.

ADDRESS

700 W. 40th ST.

18. 420.0

CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A)

Thrombosis of Right Femoral Artery

10 Days

DUE TO

Peripheral Vascular Disease
(arteriosclerosis)

10 Days +

ANTECEDENT CAUSES

(B)

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

DUE TO

Arteriosclerotic Heart Disease

10 Days +

(C)

II
OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

m.

WHILE AT
WORK ☐NOT WHILE
AT WORK ☐

21F. HOW DID INJURY OCCUR?

I hereby certify that I attended the deceased from March 26, 1953, to March 29, 1953, that I last saw the
deceased alive on March 29, 1953, and that death occurred at 1:45 P.M., from the causes and on the date stated above.

23A. SIGNATURE

W. G. Giffen, M.D.

23B. ADDRESS

214 Medical Art Building

23C. DATE SIGNED

3/29/53

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

Burial

24B. DATE

Tues. 3/31/53

24C. NAME OF CEMETERY OR CREMATORY

Grace Churchyard

24D. LOCATION (City, town, or county)

Middway W. Va.

(State)

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

Huntington Williams, M.D.

25. FUNERAL DIRECTOR

Hewitt & Spaulding Co. - 108 W. North Ave.

ADDRESS

VS 150

City - 1

MEDICAL CERTIFICATION

217 230

217

217 230

53 3144

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 53 3144

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

CHARLES OWENS

2. DATE
OF
DEATH

March 27, 1953

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence

A. STATE

Maryland

B. COUNTY

before admission)

B. FULL NAME OF (If not in hospital or institution, give street address or location)

Baltimore City Morgue

C. CITY OR TOWN

Baltimore

(If outside corporate limits, write RURAL and give township)

D. STREET ADDRESS (If rural, give location)

1543 Division St.

C. Length of stay in Baltimore

Unknown

Yrs.
Mos.
Days

5. SEX

Male

6. COLOR OR RACE

Colored

7. SINGLE, MARRIED,

WIDOWED, DIVORCED (Specify)

Single

8. DATE OF BIRTH

May 25, 1874

9. AGE (In years

last birthday)

79

If Under 1 Year
Months DaysIf Under 24 Hours
Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Unknown

10B. KIND OF BUSINESS OR INDUSTRY

Unknown

11. BIRTHPLACE (State or foreign country)

Baltimore, Md.

12. CITIZEN OF WHAT COUNTRY?

U.S.A.

13. FATHER'S NAME

Unknown

14. MOTHER'S MAIDEN NAME

Unknown

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)

Unknown

16. SOCIAL SECURITY NO.

Unknown

17. INFORMANT

ADDRESS

Herman Nicholson - 1630 Madison Ave.

18. 422.1

CAUSE OF DEATH

INTERVAL BETWEEN ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Arteriosclerotic cardiovascular disease

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B)

DUE TO

(C)

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒21A. EXTERNAL CAUSE WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH.

21B. PLACE OF INJURY (a.g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED

m.

WHILE AT WORK ☐NOT WHILE AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I certify that I took charge of the remains described above, held an inspection & inquiry thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐.

23A. SIGNATURE

B. F. Fisher

23B. CHIEF MEDICAL EXAMINER ☒ ASSISTANT MEDICAL EXAMINER ☐ MEDICAL INVESTIGATOR ☐23C. DATE SIGNED
March 27, 1953

24A. BURIAL, CREMATION, REMOVAL (Specify)

Burial

24B. DATE

3/30/53

24C. NAME OF CEMETERY OR CREMATORY

Mt. Auburn

24D. LOCATION (City, town, or county)

Baltimore, Md.

(State)

DATE RECEIVED BY LOCAL REGISTRAR

MAR 30 1953

REGISTRAR'S SIGNATURE

Huntington Williams, Jr.

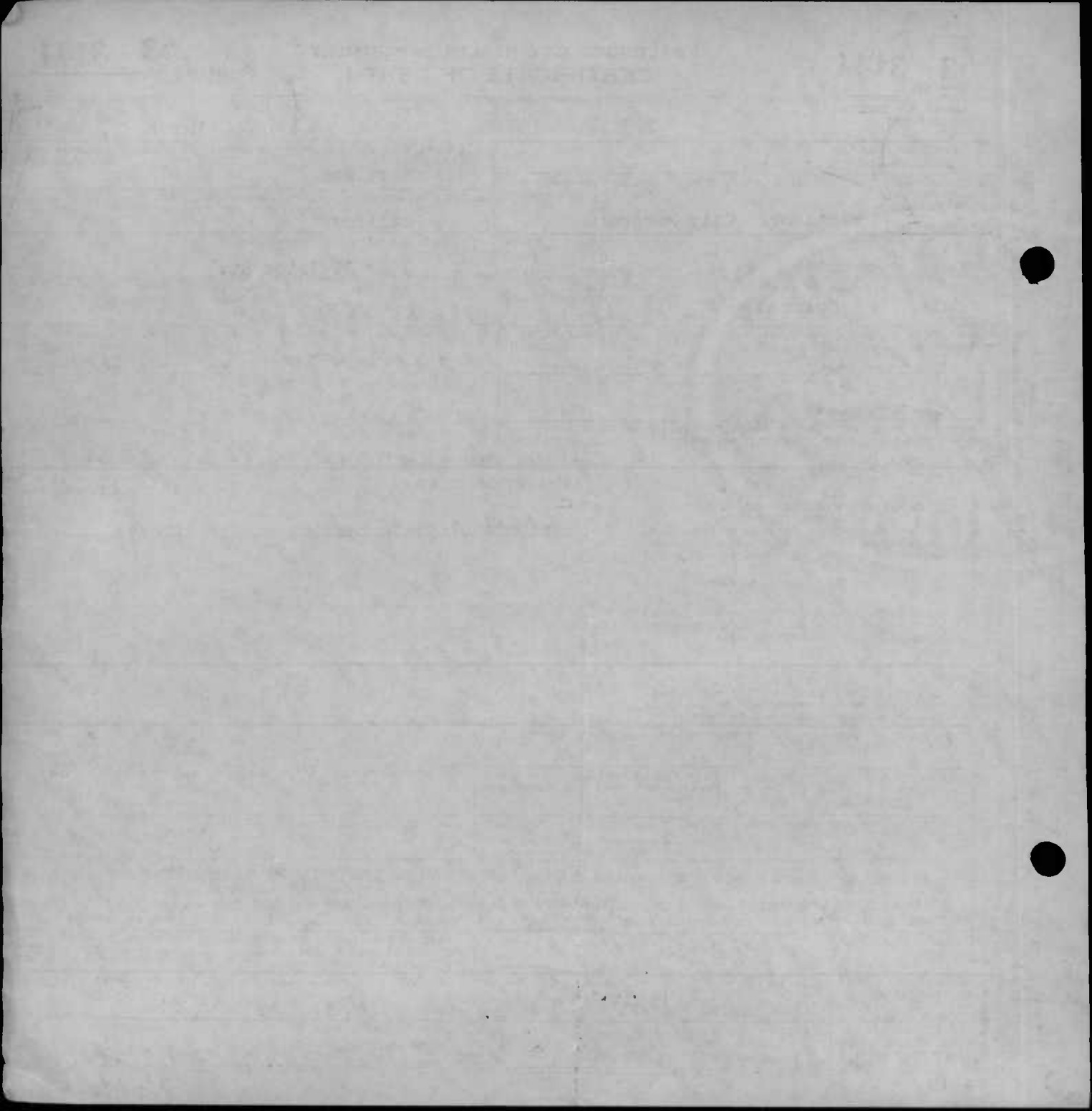
25. FUNERAL DIRECTOR

Wm. I. Chatman, Jr.

ADDRESS

1701 Mt. Auburn St.

Baltimore, Md.



400

53 3145

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

53 3145

Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Roy E. Hill

2. DATE
OF
DEATH

Mar. 29, 1953

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF
HOSPITAL OR
INSTITUTION (If not in hospital or institution, give street address or location)

University Hospital

4. USUAL RESIDENCE (Where deceased lived. If institution, residence before admission)

A. STATE

Md.

B. COUNTY

Laurel Prince George's

C. CITY OR TOWN

Laurel

(If outside corporate limits, write RURAL and give township)

D. STREET ADDRESS (If rural, give location)

326 Montgomery Road

C. Length of stay in Baltimore

30

X Yrs.
Mos.
Days

5. SEX

M

6. COLOR OR RACE

W

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

M

8. DATE OF BIRTH

Oct. 22, 1887

9. AGE (in years,
last birthday)

65

If Under 1 Year
Months: DaysIf Under 24 Hours
Hours: Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

Lawyer

10B. KIND OF BUSINESS OR
INDUSTRY

Insurance

11. BIRTHPLACE (State or foreign country)

Md.

12. CITIZEN OF
WHAT COUNTRY?

U.S.

13. FATHER'S NAME

Edmund Hill

14. MOTHER'S MAIDEN NAME

Anna Nyttall

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)16. SOCIAL
SECURITY NO.

17. INFORMANT

ADDRESS

18. 420.1

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A)

Coronary Occlusion

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B)

Coronary Thrombosis

DUE TO

(C)

6 hrs.

OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

Bronchial Asthma

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☒ NO ☐21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

WHILE AT
WORK ☐NOT WHILE
AT WORK ☐22. I hereby certify that I attended the deceased from 3/21, 1953 to 3/29, 1953, that I last saw the
deceased alive on 3/29, 1953, and that death occurred at 10:30 p.m., from the causes and on the date stated above.

23A. SIGNATURE

C. E. Stennett

23B. ADDRESS

University Hospital

23C. DATE SIGNED

3/30/53

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

24B. DATE

4-1-53

24C. NAME OF CEMETERY OR CREMATORY

Ivy Hill

24D. LOCATION (City, town, or county)

Laurel Md.

(State)

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

Huntington Williams, M.D.

25. FUNERAL DIRECTOR

Dawitt Donaldson

ADDRESS

Laurel, Md.

VS 150

0558U

MEDICAL CERTIFICATION

1904

1944

4-2-1-44

4222

and ... to ...

620

53 3146

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 53 3146

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Myers, Anna

2. DATE
OF
DEATH

3. 29-1953

3. PLACE OF DEATH:

A. Baltimore City, Maryland

Baltimore, Md

B. FULL NAME OF
HOSPITAL OR
INSTITUTION

Sinai Hospital

4. USUAL RESIDENCE (Where deceased lived. If institution: residence
before admission)

A. STATE

Md

B. COUNTY

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Baltimore 15-05

D. STREET ADDRESS (If rural, give location)

3112 Reighton Ave

C. Month of stay in Baltimore

Yrs.
Mos.
Days

5. SEX

F.

6. COLOR OR RACE

W.

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

Widowed

8. DATE OF BIRTH

4-17-83

9. AGE (in years
last birthday)

70

If Under 1 Year
Months: DaysIf Under 24 Hours
Hours: Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

Housewife

10B. KIND OF BUSINESS OR
INDUSTRY

11. BIRTHPLACE (State or foreign country)

Russia

12. CITIZEN OF
WHAT COUNTRY?

13. FATHER'S NAME

Not Known

14. MOTHER'S MAIDEN NAME

Not Known

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)16. SOCIAL
SECURITY NO.

17. INFORMANT

ADDRESS

Dr. Myron Myers 3907 Clark La

18. 744.0 I

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g.,
heart failure, asthma, etc. It means the disease,
injury or complication which caused death.)

(A) Myasthenia gravis

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.(B) Extensive pulmonary
atelectasis

DUE TO

(C)

II
OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒21A. ACCIDENT WAS UNDER-
LYING OR CONTRIBUTING
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR? (If in Baltimore City, give exact location)21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

WHILE AT NOT WHILE
WORK WORK AT WORKI hereby certify that I attended the deceased from 3. 4. 1953, to 3. 29, 1953, that I last saw the
deceased alive on 3. 29, 1953, and that death occurred at 5:15 p. m., from the causes and on the date stated above.

23A. SIGNATURE

Morris Goldber

M. D.

23B. ADDRESS

Sinai Hospital Balto. Md

23C. DATE SIGNED

3. 29. 53.

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county)

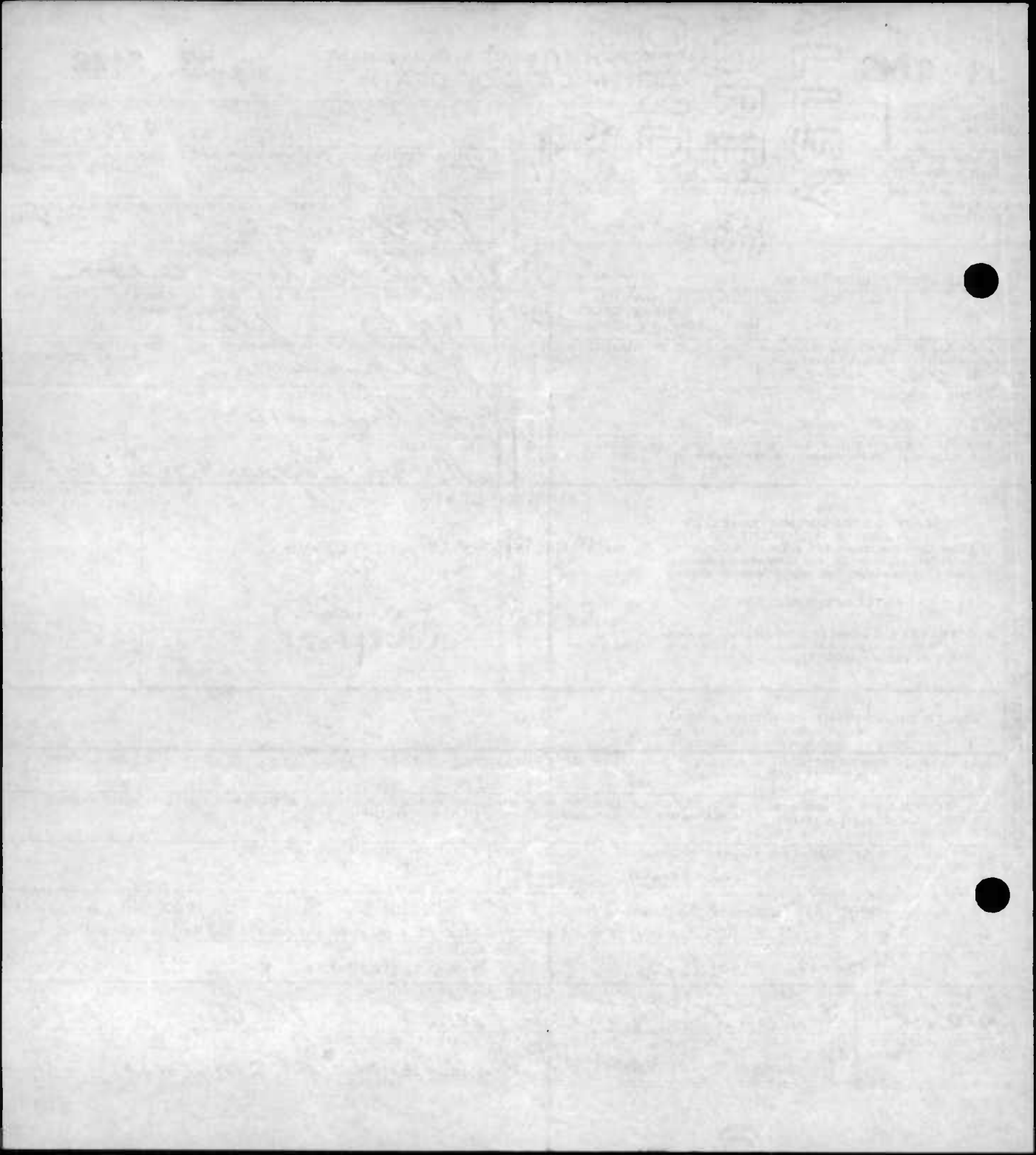
(State)

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

FUNERAL DIRECTOR

ADDRESS



534
53 3147BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH53 3147
Registered No.

1. NAME OF DECEASED (Type or Print) JOHN HENRY SCHMIDT		2. DATE OF DEATH March 26, 1953	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived, if institution: residence before admission) A. STATE Maryland B. COUNTY	
B. FULL NAME OF HOSPITAL OR INSTITUTION 219 E. University Parkway		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore	
C. Length of stay in Baltimore 62 yrs.		D. STREET ADDRESS (If rural, give location) 219 E. University Parkway	
5. SEX Male	6. COLOR OR RACE white	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) widower	8. DATE OF BIRTH July 5, 1868
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Baker		10B. KIND OF BUSINESS OR INDUSTRY Bakery	
13. FATHER'S NAME ? Schmidt		12. CITIZEN OF WHAT COUNTRY? USA	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) no		16. SOCIAL SECURITY NO. ?	
17. INFORMANT 219 E. University Pky Miss Carolyn G. Schmidt			
18. 610X DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) Acute Uraemia DUE TO ANTECEDENT CAUSES Hypertrrophied Prostate DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. ?		INTERVAL BETWEEN ONSET AND DEATH 2 weeks	
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.			
19A. DATE OF OPERATION 0		19B. MAJOR FINDINGS OF OPERATION	
20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>			
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH <input type="checkbox"/>		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)			
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
21F. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from March 24, 1953 , to March 26, 1953 , that I last saw the deceased alive on March 26, 1953 , and that death occurred at 4 P m., from the causes and on the date stated above.			
23A. SIGNATURE Joseph Pokorny M.D.		23B. ADDRESS 2200 E Madison St	
23C. DATE SIGNED 3/27/53			
24A. BURIAL, CREMATION, REMOVAL (Specify) burial		24B. DATE 3/30/53	
24C. NAME OF CEMETERY OR CREMATORY Oaklawn Cemetery		24D. LOCATION (City, town, or county) (State) Baltimore, Md.	
DATE RECEIVED BY LOCAL REGISTRAR MAR 30 1953		REGISTRAR'S SIGNATURE Huntington Williams, M.D.	
25. FUNERAL DIRECTOR HENRY SANDER & SONS, INC.		ADDRESS BALTO., 13, Md.	

WILSON
BIRMINGHAM CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

DATE

PLACE OF BIRTH

AGE

SEX

RACE

EDUCATION

OCCUPATION

RELIGION

MARRIAGE

DEATH

CAUSE

MANNER

INTERVIEW

TESTIMONY

VERIFICATION

SIGNATURE

DATE

PLACE

AGE

SEX

RACE

EDUCATION

OCCUPATION

RELIGION

MARRIAGE

DEATH

CAUSE

MANNER

INTERVIEW

TESTIMONY

VERIFICATION

SIGNATURE

DATE

PLACE

AGE

SEX

RACE

EDUCATION

OCCUPATION

RELIGION

MARRIAGE

DEATH

CAUSE

MANNER

636
53 3148BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH53 3148
Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

MARGARET A. FREDERICK

2. DATE
OF
DEATH

Mar. 26, 1953

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR
INSTITUTION

3008 Clifton Park Terrace

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE
Maryland

B. COUNTY

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Baltimore

D. STREET ADDRESS (If rural, give location)

3008 Clifton Park Terrace

C. Length of stay in Baltimore

Life

Yrs.
Mos.
Days

5. SEX

F

6. COLOR OR RACE

W

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

Widow

8. DATE OF BIRTH

July 2, 1874

9. AGE (In years
last birthday)

78

10. Under 1 Year
Months: Days11. Under 24 Hours
Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Housework

10B. KIND OF BUSINESS OR INDUSTRY

at home

11. BIRTHPLACE (State or foreign country)

Baltimore, Md.

12. CITIZEN OF
WHAT COUNTRY?

USA

13. FATHER'S NAME

John Willner

14. MOTHER'S MAIDEN NAME

Eva B. Wehr

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)

no

16. SOCIAL
SECURITY NO.

none

17. INFORMANT
3613 Elmley Avenue
Mr. G. Vernon Frederick

18. 170x

CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, ashenia, etc. It means the disease, injury or complication which caused death.)

(A)

Carcinoma of Breast

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B)

With Generalized Metastasis

DUE TO

(C)

INTERVAL BETWEEN
ONSET AND DEATH

6 yrs.

II
OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR? (If in Baltimore City, give exact location)21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

WHILE AT ☐ NOT WHILE ☐
WORK AT WORK

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 19____, to 19____, that I last saw the deceased alive on 19____, and that death occurred at 8:10 Pm., from the causes and on the date stated above.

23A. SIGNATURE

Daniel Curlich

M. D.

23B. ADDRESS

11 St. Biddle St.

23C. DATE SIGNED

3/27/53

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

burial

24B. DATE

3/30/53

24C. NAME OF CEMETERY OR CREMATORY

Baltimore Cemetery

24D. LOCATION (City, town, or county)

Baltimore, Md.

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

Huntington Park, Md.

25. FUNERAL DIRECTOR

HENRY SANDER & SONS, INC.

ADDRESS

BALTO., 13, MD. Long J. Sander

CERTIFICATE OF DEATH

MADE BY THE HEALTH DEPARTMENT

1918

1918

1918

1918

NAME OF DECEASED

AGE

SEX

RACE

DATE OF BIRTH

PLACE OF BIRTH

DATE OF DEATH

PLACE OF DEATH

CAUSE OF DEATH

DIAGNOSIS

DATE OF EXAMINATION

PLACE OF EXAMINATION

SIGNATURE OF PHYSICIAN

DATE OF SIGNATURE

PLACE OF SIGNATURE

SIGNATURE OF REGISTRAR

DATE OF SIGNATURE

PLACE OF SIGNATURE

SIGNATURE OF WITNESS

DATE OF SIGNATURE

PLACE OF SIGNATURE

SIGNATURE OF DECEASED

DATE OF SIGNATURE

PLACE OF SIGNATURE

SIGNATURE OF DECEASED

DATE OF SIGNATURE

PLACE OF SIGNATURE

SIGNATURE OF DECEASED

DATE OF SIGNATURE

PLACE OF SIGNATURE

SIGNATURE OF DECEASED

DATE OF SIGNATURE

PLACE OF SIGNATURE

SIGNATURE OF DECEASED

DATE OF SIGNATURE

PLACE OF SIGNATURE

SIGNATURE OF DECEASED

DATE OF SIGNATURE

PLACE OF SIGNATURE

SIGNATURE OF DECEASED

DATE OF SIGNATURE

PLACE OF SIGNATURE

53 3149

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 53 3149

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

JOHN F. MOMBERGER

2. DATE
OF
DEATH

March 25, 1953

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE

Maryland

B. COUNTY

5. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR
INSTITUTION

524 N. Kenwood Avenue

C. CITY OR TOWN

Baltimore

(If outside corporate limits, write RURAL and give township)

D. STREET ADDRESS (If rural, give location)

524 N. Kenwood Avenue

6. Length of stay in Baltimore

Life

Yrs.
Mos.
Days

5. SEX

M

6. COLOR OR RACE

W

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)

Married

8. DATE OF BIRTH

Oct. 17, 1885

9. AGE (In years last birthday)

67

If Under 1 Year Months: Days

If Under 24 Hours Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Pattern maker

10B. KIND OF BUSINESS OR INDUSTRY

Ship Bldg.

11. BIRTHPLACE (State or foreign country)

Baltimore, Md.

12. CITIZEN OF WHAT COUNTRY?

USA

13. FATHER'S NAME

Adam Momberger

14. MOTHER'S MAIDEN NAME

Sophia Detken

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)

no

16. SOCIAL SECURITY NO.

8

17. INFORMANT ADDRESS
524 N. Kenwood Avenue
Mrs. Anna M. Momberger

18. 443X I

CAUSE OF DEATH

INTERVAL BETWEEN ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)(A) Hypertensive Carditis
DUE TO Arterio Sclerosis

6 years

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B)
DUE TO
(C)II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

none

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐

21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

WHILE AT WORK ☐ NOT WHILE AT WORK ☐

22. I hereby certify that I attended the deceased from June 1, 1945, to Mar. 25, 1953, that I last saw the deceased alive on Mar. 25, 1953, and that death occurred at 9 P. M., from the causes and on the date stated above.

23A. SIGNATURE

M. D.

23B. ADDRESS

1710 E. 33rd. St.

23C. DATE SIGNED

Mar 26

24A. BURIAL, CREMATION, REMOVAL (Specify)

burial

24B. DATE

3/30/53

24C. NAME OF CEMETERY OR CREMATORY

Immanuel Cemetery

24D. LOCATION (City, town, or county) (State)

Baltimore, Md.

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

HENRY SANDER & SONS, INC.

ADDRESS

BALTO., 13, MD.

VS 150

570 3U

George J. Sander

MEDICAL CERTIFICATION

DEPARTMENT OF HEALTH
CERTIFICATE OF DEATH

1. Name of deceased		2. Sex		3. Age	
4. Date of death		5. Time of death		6. Place of death	
7. Cause of death		8. Manner of death		9. Signature of physician	
10. Signature of registrar		11. Signature of informant		12. Signature of witness	
13. Signature of undertaker		14. Signature of funeral home		15. Signature of cemetery	
16. Signature of mortuary		17. Signature of embalmer		18. Signature of funeral director	
19. Signature of funeral home		20. Signature of cemetery		21. Signature of mortuary	
22. Signature of embalmer		23. Signature of funeral director		24. Signature of funeral home	
25. Signature of cemetery		26. Signature of mortuary		27. Signature of embalmer	
28. Signature of funeral director		29. Signature of funeral home		30. Signature of cemetery	
31. Signature of mortuary		32. Signature of embalmer		33. Signature of funeral director	
34. Signature of funeral home		35. Signature of cemetery		36. Signature of mortuary	
37. Signature of embalmer		38. Signature of funeral director		39. Signature of funeral home	
40. Signature of cemetery		41. Signature of mortuary		42. Signature of embalmer	
43. Signature of funeral director		44. Signature of funeral home		45. Signature of cemetery	
46. Signature of mortuary		47. Signature of embalmer		48. Signature of funeral director	
49. Signature of funeral home		50. Signature of cemetery		51. Signature of mortuary	
52. Signature of embalmer		53. Signature of funeral director		54. Signature of funeral home	
55. Signature of cemetery		56. Signature of mortuary		57. Signature of embalmer	
58. Signature of funeral director		59. Signature of funeral home		60. Signature of cemetery	
61. Signature of mortuary		62. Signature of embalmer		63. Signature of funeral director	
64. Signature of funeral home		65. Signature of cemetery		66. Signature of mortuary	
67. Signature of embalmer		68. Signature of funeral director		69. Signature of funeral home	
70. Signature of cemetery		71. Signature of mortuary		72. Signature of embalmer	
73. Signature of funeral director		74. Signature of funeral home		75. Signature of cemetery	
76. Signature of mortuary		77. Signature of embalmer		78. Signature of funeral director	
79. Signature of funeral home		80. Signature of cemetery		81. Signature of mortuary	
82. Signature of embalmer		83. Signature of funeral director		84. Signature of funeral home	
85. Signature of cemetery		86. Signature of mortuary		87. Signature of embalmer	
88. Signature of funeral director		89. Signature of funeral home		90. Signature of cemetery	
91. Signature of mortuary		92. Signature of embalmer		93. Signature of funeral director	
94. Signature of funeral home		95. Signature of cemetery		96. Signature of mortuary	
97. Signature of embalmer		98. Signature of funeral director		99. Signature of funeral home	
100. Signature of cemetery		101. Signature of mortuary		102. Signature of embalmer	

-432
53 3150
320

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

53 3150

Registered No.

1. NAME OF DECEASED
(Type or Print)

JOHN ALBERT SCHULTZ (AKA SCHOEZ)

2. DATE
OF
DEATH

March 28, 1953

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF
HOSPITAL OR
INSTITUTION

South Baltimore General Hospital

4. USUAL RESIDENCE (Where deceased lived, If institution: residence
before admission)

A. STATE
Maryland

B. COUNTY

Baltimore

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Baltimore

5358

D. STREET ADDRESS (If rural, give location)

17004 Belclaire Road

C. Month of stay in Baltimore

Yrs.
Mos.
Days

5. SEX

Male

6. COLOR OR RACE

White

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

DIVORCED

8. DATE OF BIRTH

Oct. 30, 1897

9. AGE (In years
last birthday)

55

If Under 1 Year
Months: Days

If Under 24 Hours
Hours: Min.

10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

10B. KIND OF BUSINESS OR
INDUSTRY

R.R.

11. BIRTHPLACE (State or foreign country)

Maryland

12. CITIZEN OF
WHAT COUNTRY?

13. FATHER'S NAME

Peter

14. MOTHER'S MAIDEN NAME

Clara Schwartzman

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)

16. SOCIAL
SECURITY NO.

17. INFORMANT

ADDRESS
4816 Dundalk Rd.

18. 002X

CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY
LEADING TO DEATH

(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A)

Cor Pulmonale

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B)

Pulmonary Fibrosis

DUE TO

(C)

Pulmonary Tuberculosis

INTERVAL BETWEEN
ONSET AND DEATH

1 YR.

2 YRS

2 1/2 YRS.

II
OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

Generalized Arteriosclerosis

5 YRS.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐

21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH

21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID
INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

WHILE AT
WORK ☐

NOT WHILE
AT WORK ☐

22. I hereby certify that I attended the deceased from March 27, 1953, to March 28, 1953, that I last saw the
deceased alive on March 28, 1953, and that death occurred at 8:10 p. m., from the causes and on the date stated above.

23A. SIGNATURE

W. M. Conway

23B. ADDRESS

M. D.

South Baltimore Genl Hosp.

23C. DATE SIGNED

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county)

(State)

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

MAR 30 1953

Huntington Williams, M.D.

Wells & Leland Home 2112 Dundalk

VS 150

69050

MEDICAL CERTIFICATION

0212

00

RECEIVED
FEB 10 1947

Oct. 30, 1947 22

John J. Gurnea
John J. Gurnea
John J. Gurnea

John J. Gurnea

John J. Gurnea

K-340
53 3151BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 53 3151

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

WILLIAM Royal KIDWELL

2. DATE
OF
DEATH

March 25, 1953

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence
A. STATE B. COUNTY before admission)

Maryland

B. FULL NAME OF (If not in hospital or institution, give street address or
HOSPITAL OR location)
INSTITUTION

Mercy Hospital

C. CITY OR TOWN (If outside corporate limits, write RURAL and give
township)

Baltimore

5-01

D. STREET ADDRESS (If rural, give location)

5 N. Exeter Street

c. Length of stay in Baltimore

8 Yrs.
Mos.
Days

5. SEX

Male

6. COLOR OR RACE

White

7. SINGLE, MARRIED,

WIDOWED, DIVORCED (Specify)

Single

8. DATE OF BIRTH

April 21-1920

9. AGE (In years
last birthday)

32

If Under 1 Year
Months: DaysIf Under 24 Hours
Hours: Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

Janitor

10B. KIND OF BUSINESS OR
INDUSTRY

Hospital

11. BIRTHPLACE (State or foreign country)

Stanford W. Va.

12. CITIZEN OF
WHAT COUNTRY?

13. FATHER'S NAME

James H. Kidwell

14. MOTHER'S MAIDEN NAME

Fana Johnson

15. WAS DECEASED EVER IN U.S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)16. SOCIAL
SECURITY NO.

236-26-4153

17. INFORMANT

ADDRESS

Charles Kidwell 143 N. Potomac St

18.

581.1

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e.g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A) Fatty liver

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B) Chronic alcoholism

DUE TO

(C)

II
OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☒ NO ☐21A. EXTERNAL CAUSE WAS
UNDERLYING ☐ OR CONTRIB-
UTING ☐ CAUSE OF DEATH.21B. PLACE OF INJURY (e.g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR? (If in Baltimore City, give exact location)21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY21E. INJURY OCCURRED
WHILE AT ☐ NOT WHILE
WORK AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I certify that I took charge of the remains described above, held an Partial Autopsy thereon and from
Autopsy, Inspection or Inquiry
the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above,
and death in my opinion resulted from: natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐.

23A. SIGNATURE

William V. Vardach

23B. CHIEF MEDICAL EXAMINER ☐
ASSISTANT MEDICAL EXAMINER ☒
M.D. MEDICAL INVESTIGATOR ☐

23C. DATE SIGNED

March 26, 1953

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

24B. DATE

3-31-1953

24C. NAME OF CEMETERY OR CREMATORY

Balto. National

24D. LOCATION (City, town, or county)

Balto.

(State)

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

Wm. S. Fialkowski 2007 Eastern Ave

VS 151

770 8T

MARGIN RESERVED FOR BINDING
PLEASE WRITE FULLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and fully.

STATE OF NEW YORK
DEPARTMENT OF HEALTH

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CERTIFICATE CORRECTED

4-8-53

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No. 3152

53 3152

BIRTH NO.

1. NAME OF DECEASED (Type or Print) GEORGE MCDANIEL		2. DATE OF DEATH MAR. 28-1953	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE VIRGINIA B. COUNTY V-43	
B. FULL NAME OF HOSPITAL OR INSTITUTION UNION MEMORIAL HOSPITAL		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) MONTCROSS	
C. Length of stay in Baltimore Yrs. 2 Mos. Days		D. STREET ADDRESS (If rural, give location)	
5. SEX MALE	6. COLOR OR RACE WHITE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) MARRIED	8. DATE OF BIRTH FEB. 4, 1883
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) RETIRED Salesman		10B. KIND OF BUSINESS OR INDUSTRY Wholesale Drygoods	9. AGE (In years last birthday) 70
13. FATHER'S NAME JOHN MCDANIEL		12. CITIZEN OF WHAT COUNTRY? U.S.	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) UNKNOWN		16. SOCIAL SECURITY NO. No	
17. INFORMANT Necharine C. McDaniel		ADDRESS Montross, Va.	

18. **451X**

CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

(A)

DUE TO

acute hemorrhage aortic

(B)

DUE TO

ruptured bicuspid aortic

(C)

arteriosclerosis, generalized

INTERVAL BETWEEN ONSET AND DEATH

19A. DATE OF OPERATION 0		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from 5-26-53 , to 3-28 , 19 53 that I last saw the deceased alive on 3-28 , 19 53 , and that death occurred at 5:00 p. m., from the causes and on the date stated above.					
23A. SIGNATURE J. M. Jones		23B. ADDRESS Union Memorial Hospital		23C. DATE SIGNED 3/28/53	
24A. BURIAL, CREMATION, REMOVAL (Specify) Burial		24B. DATE 3-31-53		24C. NAME OF CEMETERY OR CREMATORY Woodlawn	
24D. LOCATION (City, town, or county) Woodlawn, Md.		24E. LOCATION (State) Md.		24F. LOCATION (State) Md.	
DATE RECEIVED BY LOCAL REGISTRAR MAR 20 1953		REGISTRAR'S SIGNATURE Huntington Williams, M.D.		25. FUNERAL DIRECTOR John O. Mitchell & Sons, Inc. - 1900 Eastow Pl. B. B. Mitchell	

49062

MEDICAL CERTIFICATION

SELF

52

INVESTIGATION

52

100-100000-100000

100-100000-100000

100-100000-100000

100-100000-100000

100-100000-100000

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100-100000-100000

AB-169075

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

53 3153
Registered No.

53 3153
BIRTH NO.

1. NAME OF DECEASED (Type or Print) Sallie Lowe		2. DATE OF DEATH March 28-1953	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Maryland B. COUNTY	
B. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR Baltimore City Hospitals INSTITUTION 4940 Eastern Ave.		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore 26-34	
c. Length of stay in Baltimore 12yrs.		D. STREET ADDRESS (If rural, give location) 4846 Wright Ave.	
5. SEX F	6. COLOR OR RACE W	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Single	8. DATE OF BIRTH Jan. 8-1936
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		9. AGE (in years last birthday) 17	
10B. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) Maryland	
13. FATHER'S NAME Benjamin Lowe		12. CITIZEN OF WHAT COUNTRY?	
14. MOTHER'S MAIDEN NAME Naomi Andrews		17. INFORMANT 4940 Eastern Ave. ADDRESS Records: Baltimore City Hospitals	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.	

1B. 600.0 DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) Subarachnoid Hemorrhage DUE TO ANTECEDENT CAUSES Chronic Pyelonephritis DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		CAUSE OF DEATH Subarachnoid Hemorrhage Chronic Pyelonephritis	INTERVAL BETWEEN ONSET AND DEATH
---	--	---	----------------------------------

19A. DATE OF OPERATION		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from 3-28-1953 , to 3-28-1953 , that I last saw the deceased alive on 3-28-1953 , and that death occurred at 4:30Pm. , from the causes and on the date stated above.					
23A. SIGNATURE H. C. Johnson		23B. ADDRESS 4940 Eastern Ave., Baltimore, Md.		23C. DATE SIGNED 3-29-1953	
24A. BURIAL, CREMATION, REMOVAL (Specify)		24B. DATE March 31 1953		24C. NAME OF CEMETERY OR CREMATORY Quincy Ridge	
24D. LOCATION (City, town, or county) (State) Crisfield, Md		24E. NAME OF CEMETERY OR CREMATORY Quincy Ridge		24F. LOCATION (City, town, or county) (State) Crisfield, Md	
DATE RECEIVED BY LOCAL REGISTRAR MAR 30 1953		REGISTRAR'S SIGNATURE Huntington Williams		25. FUNERAL DIRECTOR Edward L. Corington	
				ADDRESS Crisfield, Md	

100

100

100

600
53 3154BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH53 3154
Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

HOWARD M. ROYER

2. DATE
OF
DEATH

Mar. 26, 1953

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR
INSTITUTION

2730 W. Mosher St.

Yrs.
Mos.
Days

C. Length of stay in Baltimore

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE
Md.C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)
Baltimore

D. STREET ADDRESS (If rural, give location)

2730 W. Mosher St.

5. SEX

6. COLOR OR RACE

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

8. DATE OF BIRTH

9. AGE (In years last birthday) 85
II Under 1 Year Months: Days
II Under 24 Hours Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

10B. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country)

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME

14. MOTHER'S MAIDEN NAME

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT

ADDRESS

Miss Ellen S. Royer-2730 W. Mosher St.

18. 422.1

CAUSE OF DEATH

INTERVAL BETWEEN ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)(A) Cardiac Failure
DUE TO Arteriosclerotic Cardio Vascular Disease

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B)
DUE TO
(C)II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒

21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

WHILE AT ☐ NOT WHILE ☐
WORK AT WORK

22. I hereby certify that I attended the deceased from March 22, 1953, to March 26, 1953, that I last saw the deceased alive on March 26, 1953, and that death occurred at 1:47 P.m., from the causes and on the date stated above.

23A. SIGNATURE

23B. ADDRESS

23C. DATE SIGNED

M. D.

24A. BURIAL, CREMATION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county) (State)

Burial

3/30/53

Meadow Branch Cem.

Westminster, Md.

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

MAR 30 1953

VS 150

Huntington Williams, M.D.
J. Lickner & Sons

Baltimore 17, Md.

0-240

53 3155

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 53 3155

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

CHARLES W. DASHIELL

2. DATE
OF
DEATH

3-27-53

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR
INSTITUTION

UNIV. HOSP.

C. Length of stay in Baltimore

Yrs.
Mos.
Days

5. SEX

M

6. COLOR OR RACE

W

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)
married10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

ass't. manager Parts - Autos - retail

10B. KIND OF BUSINESS OR
INDUSTRY

13. FATHER'S NAME

Charles W. Dashiell, Sr.

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(If yes, give war or dates of service)

no

16. SOCIAL
SECURITY NO.

8. DATE OF BIRTH

May 6, 1911

9. AGE (in years
last birthday)

41

If Under 1 Year
Months: DaysIf Under 24 Hours
Hours: Min.

11. BIRTHPLACE (State or foreign country)

Maryland

12. CITIZEN OF
WHAT COUNTRY?

14. MOTHER'S MAIDEN NAME

Estella Bowen

17. INFORMANT

ADDRESS

Mr. W. E. Dashiell - Riva, Ma.

18. 224X

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A) DUE TO

POST OPERATIVE EDEMA AND
inflammatory foci.

3 da.

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B) DUE TO

Hemorrhage following operation -

? months
years.

(C) DUE TO

PITUITARY TUMOR

II

OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

3-24-53

19B. MAJOR FINDINGS OF OPERATION

PITUITARY TUMOR -

20. AUTOPSY?

YES ☒ NO ☐21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

m.

WHILE AT
WORK ☐NOT WHILE
AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 3-19 1953, to 3-27 1953, that I last saw the
deceased alive on 3-27 1953, and that death occurred at 9:40 A.M., from the causes and on the date stated above.

23A. SIGNATURE

23B. ADDRESS

23C. DATE SIGNED

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

Burial

24B. DATE

3/30/53

24C. NAME OF CEMETERY OR CREMATORY

Mt. Olive Cem.

24D. LOCATION (City, town, or county)

Randallstown, Md.

(State)

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

Huntington Williams, M.D.

25. FUNERAL DIRECTOR

ADDRESS

Wm. J. Pickens & Sons
290 6J
Baltimore, Md.

MAR 20 1953

VS 150

MEDICAL CERTIFICATION

CERTIFICATE OF DEATH

DALLAS COUNTY HEALTH DEPARTMENT

DATE

TIME

PLACE

CAUSE

AGE

SEX

EDUCATION

OCCUPATION

RELIGION

DATE OF BIRTH

PLACE OF BIRTH

DATE OF DEATH

PLACE OF DEATH

CAUSE OF DEATH

DATE OF EXAMINATION

SEX

EDUCATION

OCCUPATION

DATE

TIME

PLACE

CAUSE

AGE

SEX

EDUCATION

OCCUPATION

RELIGION

DATE OF BIRTH

PLACE OF BIRTH

DATE OF DEATH

PLACE OF DEATH

620
53 3156

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 53 3156

1. NAME OF DECEASED (Type or Print) <i>Parks, George H.</i>		2. DATE OF DEATH <i>3/27/53</i>	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived, if institution; residence before admission) A. STATE <i>Md.</i> B. COUNTY	
B. FULL NAME OF HOSPITAL OR INSTITUTION <i>Luthers Hospital of Md.</i>		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <i>Baltimore 20-01</i>	
C. Length of stay in Baltimore		D. STREET ADDRESS (If rural, give location) <i>222 Edgewood St. (29)</i>	
5. SEX <i>Male</i>	6. COLOR OR RACE <i>White</i>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <i>Married</i>	8. DATE OF BIRTH <i>12/8/82</i>
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>Pattern Maker (rtd)</i>		10B. KIND OF BUSINESS OR INDUSTRY <i>U. S. Gov't.</i>	9. AGE (In years, last birthday) <i>70</i>
11. BIRTHPLACE (State or foreign country) <i>Maryland</i>		12. CITIZEN OF WHAT COUNTRY? <i>U.S.</i>	
13. FATHER'S NAME <i>John Parks</i>		14. MOTHER'S MAIDEN NAME <i>Carrie Scheidt</i>	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) <i>no</i>		16. SOCIAL SECURITY NO. <i>no</i>	
17. INFORMANT <i>Mrs. Lula M. Parks</i>		ADDRESS <i>222 Edgewood St.</i>	

18. <i>447x</i> DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) <i>Hypertensive vascular disease + uremia</i>		INTERVAL BETWEEN ONSET AND DEATH
(A) DUE TO		
(B) DUE TO		
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. <i>mild hydro nephrosis</i>		

19A. DATE OF OPERATION <i>2</i>		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)	21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)		
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY	21E. INJURY OCCURRED WHILE AT <input type="checkbox"/> WORK NOT WHILE AT WORK <input type="checkbox"/>	21F. HOW DID INJURY OCCUR?		
22. I hereby certify that I attended the deceased from <i>3/23, 1953</i> to <i>3/27, 1953</i> , that I last saw the deceased alive on <i>3/27, 1953</i> , and that death occurred at <i>4:20 m.</i> , from the causes and on the date stated above.				
23A. SIGNATURE <i>Christian L. Lucas</i>		23B. ADDRESS <i>Luthers Hospital</i>		23C. DATE SIGNED <i>3/27/53</i>
24A. BURIAL, CREMATION, REMOVAL (Specify) <i>urial</i>	24B. DATE <i>3/31/53</i>	24C. NAME OF CEMETERY OR CREMATORY <i>Baltimore Cem.</i>	24D. LOCATION (City, town, or county) (State) <i>Balto., Md.</i>	

DATE RECEIVED BY LOCAL REGISTRAR <i>MAR 30 1953</i>	REGISTRAR'S SIGNATURE <i>Huntington Williams, M.D.</i>	25. FUNERAL DIRECTOR <i>Wm. J. Dickens & Sons</i>	ADDRESS <i>Balto, Md.</i>
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VS 150
57091

MEDICAL CERTIFICATION

STATE OF NEW YORK
IN SENATE
JANUARY 1, 1901.

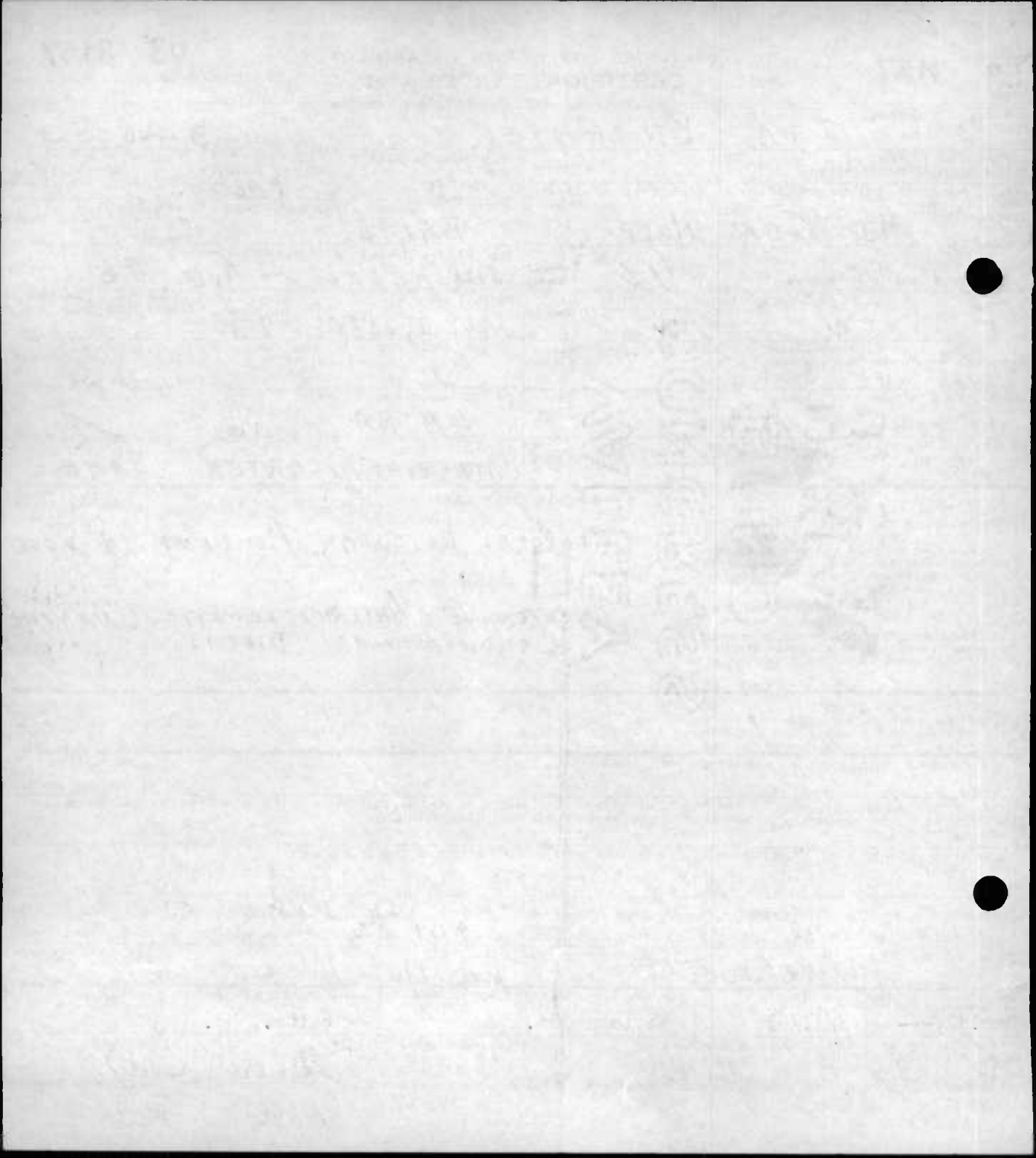
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625
53 3157
BIRTH NO.BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH53 3157
Registered No.

1. NAME OF DECEASED (Type or Print) IDA BROCKMYER			2. DATE OF DEATH 3-28-53		
3. PLACE OF DEATH: A. Baltimore City, Maryland			4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE MD. B. COUNTY BALTO.		
5. FULL NAME OF (If not in hospital or institution, give street address or location) MD. GEN. Hosp.			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) BALTO. 5300		
C. Length of stay in Baltimore 73 Yrs. Mo. Days			D. STREET ADDRESS (If rural, give location) 5128 KENWOOD AVE. #6		
5. SEX F	6. COLOR OR RACE W	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) W	8. DATE OF BIRTH JAN. 3, 1880	9. AGE (in years last birthday) 73	If Under 1 Year Months: Days If Under 24 Hours Hours: Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) HOUSE WIFE		10B. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) MD.	
12. CITIZEN OF WHAT COUNTRY? U.S.			13. FATHER'S NAME VEROME AIREY		
14. MOTHER'S MAIDEN NAME LAURA Hartley			15. WAS DECEASED EVER IN U. S. ARMED FORCES? (If yes, give war or dates of service) NO		
16. SOCIAL SECURITY NO.			17. INFORMANT ADDRESS CATHERINE CARTER SAME		

18. 443X DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) CEREBRAL VASCULAR ACCIDENT DUE TO HYPERTENSIVE ARTERIOSCLEROTIC CARDIOVASCULAR DISEASE		INTERVAL BETWEEN ONSET AND DEATH 34 DAYS UNKNOWN
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		

19A. DATE OF OPERATION 0		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
21A. ACCIDENT WAS UNDER- Lying <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT <input type="checkbox"/> WORK NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from 2-22 , 19 53 , to 3-28 , 19 53 , that I last saw the deceased alive on 3-28 , 19 53 , and that death occurred at 4:55 P. m. , from the causes and on the date stated above.					
23A. SIGNATURE H. Duckworth		23B. ADDRESS MD. Gen. Hosp.		23C. DATE SIGNED 3-28-53	
24A. BURIAL, CREMATION, REMOVAL (Specify) Burial, ---		24B. DATE 3/31/53		24C. NAME OF CEMETERY OR CREMATORY Western Cem.	
24D. LOCATION (City, town, or county) (State) Balto., Md.		25. FUNERAL DIRECTOR Wm. J. Dickener & Sons		ADDRESS Balto 17, Md.	
DATE RECEIVED BY LOCAL REGISTRAR MAR 30 1953		REGISTRAR'S SIGNATURE Huntington Williams, Jr.		25. FUNERAL DIRECTOR Wm. J. Dickener & Sons	



-650
53 3158BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH53 3158
Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)*Christina Green*2. DATE
OF
DEATH*Mar. 28-1953*

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR
INSTITUTION*440 N. Rose St.*Yrs.
Mos.
Days

4. USUAL RESIDENCE (Where deceased lived, If institution: residence before admission)

A. STATE

Md.

B. COUNTY

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

*Balto.**6-02*

D. STREET ADDRESS (If rural, give location)

440 N. Rose St.

C. Length of stay in Baltimore

5. SEX

Female White

6. COLOR OR RACE

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)

Widow

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Housework

10B. KIND OF BUSINESS OR INDUSTRY

8. DATE OF BIRTH

Nov. 28-1863

9. AGE (In years last birthday)

89

If Under 1 Year

Months: Days

If Under 24 Hours

Hours: Min.

11. BIRTHPLACE (State or foreign country)

Balto. Md.

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME

John Regner

14. MOTHER'S MAIDEN NAME

Not known

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (If yes, give war or dates of service)

(yes, no or unknown)

16. SOCIAL SECURITY NO.

17. INFORMANT

ADDRESS

*Irene Everhart 2317 McElderry St.*18. *422.1*

CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH

(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) DUE TO

Myocarditis acute

INTERVAL BETWEEN ONSET AND DEATH

1 day

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B) DUE TO

*Arteriosclerosis**10 years*

(C) DUE TO

*Myocarditis, chronic**1 month*II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED

WHILE AT WORK ☐NOT WHILE AT WORK ☐

21F. HOW DID INJURY OCCUR?

I hereby certify that I attended the deceased from *Jan.*, 1950, to *Mar 28*, 1953, that I last saw the deceased alive on *Mar. 25*, 1953, and that death occurred at *6A.* m., from the causes and on the date stated above.

23A. SIGNATURE

Edward N. Andrew

M. D.

23B. ADDRESS

3321 Madison Ave Dundalk Md

23C. DATE SIGNED

Mar. 30, 1953

24A. BURIAL, CREMATION, REMOVAL (Specify)

Burial

24B. DATE

Mar. 31-53

24C. NAME OF CEMETERY OR CREMATORY

Mt. Carmel Cem.

24D. LOCATION (City, town, or county)

Balto.

(State)

Md.

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

Huntington Williams, M.D.

25. FUNERAL DIRECTOR

John H. Miller 2334 Jefferson St.

ADDRESS

DATE

8-1-58

STATEMENT OF DEATH
CERTIFICATE OF DEATH

1958

22

Blank form with horizontal lines for text entry.

525
53 3159BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH53 3159
Registered No.

BIRTH NO.

1. NAME OF DECEASED (Type or Print) Thomas Ensor			2. DATE OF DEATH March 28, 1953		
3. PLACE OF DEATH: A. Baltimore City, Maryland			4. USUAL RESIDENCE (Where deceased lived. If institution, residence before admission) A. STATE Md. B. COUNTY		
B. FULL NAME OF HOSPITAL OR INSTITUTION JOHNS HOPKINS HOSPITAL			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore 27-12		
D. STREET ADDRESS (If rural, give location) 423 Crayden St.			E. DATE OF BIRTH 4-18-90		
F. AGE (In years last birthday) 63			G. Under 1 Year Months: Days H. Under 24 Hours Hours: Min.		
5. SEX male			6. COLOR OR RACE white		
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) married			8. DATE OF BIRTH 4-18-90		
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) FARMER			10B. KIND OF BUSINESS OR INDUSTRY		
13. FATHER'S NAME JOHN E. ENSOR			14. MOTHER'S MAIDEN NAME MARY ELLEN GORSUCH		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)			16. SOCIAL SECURITY NO.		
17. INFORMANT JOHNS HOPKINS HOSPITAL			ADDRESS		

18. 420.1 DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.	CAUSE OF DEATH (A) Acute pulmonary edema DUE TO (B) Myocardial infarction DUE TO (C) Anterioductal Cardiovascular Disease	INTERVAL BETWEEN ONSET AND DEATH
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		

19A. DATE OF OPERATION 3-28-53		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21A. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) INJURY		21E. INJURY OCCURRED WHILE AT <input type="checkbox"/> WORK NOT WHILE <input type="checkbox"/> AT WORK		21F. HOW DID INJURY OCCUR?	

22. I hereby certify that I attended the deceased from 3-18, 1953, to 3-28, 1953, that I last saw the deceased alive on 3-28, 1953, and that death occurred at 3:30 p. m., from the causes and on the date stated above.

23A. SIGNATURE Norman E. Shaver M. D.		23B. ADDRESS JOHNS HOPKINS HOSPITAL		23C. DATE SIGNED 3-28-53	
24A. BURIAL, CREMATION, REMOVAL (Specify) BURIAL		24B. DATE 3-31-1953		24C. NAME OF CEMETERY OR CREMATORY BETHEL	
24D. LOCATION (City, town, or county) (State) MADONNA MD.					

DATE RECEIVED BY LOCAL REGISTRAR MAR 30 1953		REGISTRAR'S SIGNATURE Thurston Williams M. D.		25. FUNERAL DIRECTOR H. W. JENKINS & SONS Co. 4905 YORK ROAD	
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OFFICE OF THE
TREASURER OF THE
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-152
53 3160
BIRTH NO.

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

53 3160
Registered No.

1. NAME OF DECEASED (Type or Print) JOHN W. HOOFNAGLE			2. DATE OF DEATH Sat., March 28, 1953		
3. PLACE OF DEATH: A. Baltimore City, Maryland			4. USUAL RESIDENCE (Where deceased lived, if institution: residence before admission) A. STATE Md B. COUNTY		
B. FULL NAME OF (If not in hospital or institution, give street address or location) 1737 Clarkson St			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore 30 23-03		
c. Length of stay in Baltimore 50 yrs			D. STREET ADDRESS (If rural, give location) 1737 Clarkson St		
5. SEX Male	6. COLOR OR RACE White	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Divorced	8. DATE OF BIRTH Oct 7 1881		9. AGE (In years, last birthday) 71
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Chem. Process Operator Chem. Mfgs.			11. BIRTHPLACE (State or foreign country) Queen Anne's Co., Md.		12. CITIZEN OF WHAT COUNTRY? USA
13. FATHER'S NAME Wm. Thomas Hoofnagle			14. MOTHER'S MAIDEN NAME Catherine Thomas		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) no		16. SOCIAL SECURITY NO. 216-052814		17. INFORMANT Mrs. Margaret C. Gable 5 Bayship Rd Dundalk Balto 22 Md	

18. 260X DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) Cerebral Hemorrhage DUE TO Generalized arteriosclerosis DUE TO Diabetes Mellitus		INTERVAL BETWEEN ONSET AND DEATH 2 weeks 2 3
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		

19A. DATE OF OPERATION 0		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21A. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT <input type="checkbox"/> WORK NOT WHILE <input type="checkbox"/> AT WORK		21F. HOW DID INJURY OCCUR?	
I hereby certify that I attended the deceased from 3/14 , 1953 to 3/28 , 1953, that I last saw the deceased alive on 3/28 , 1953, and that death occurred at 6:45 P.m. , from the causes and on the date stated above.					
23A. SIGNATURE Harry Wedel		23B. ADDRESS M. D. 1226 Hanover St.		23C. DATE SIGNED 3/29/53	
24A. BURIAL, CREMATION, REMOVAL (Specify) Burial		24B. DATE 3/31/53		24C. NAME OF CEMETERY OR CREMATORY Cedar Hill Cen	
24D. LOCATION (City, town, or county) (State) Brooklyn AA Co Md		25. FUNERAL DIRECTOR A Howard Evans			
DATE RECEIVED BY LOCAL REGISTRAR MAR 30 1953		REGISTRAR'S SIGNATURE Huntington Williams		ADDRESS 690 4R 1400 S Charles St Balto 30 Md.	

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53 3161

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

53 3161

Registered No.

1. NAME OF DECEASED
(Type or Print)

Lloyd Williams

2. DATE
OF
DEATH

March 28, 1953

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR
INSTITUTION

1106 N. Fremont Ave

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE

Maryland

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)
Baltimore

O. STREET ADDRESS (If rural, give location)
1106 N. Fremont Ave.

C. Month of stay in Baltimore

Yrs.
Mos.
Days

5. SEX

Male

6. COLOR OR RACE

Colored

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

Married

8. DATE OF BIRTH

Oct. 31, 1878

9. AGE (In years
last birthday)

73

10. Under 1 Year
Months: Days

11. Under 24 Hours
Hours: Min.

10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

Cafe Owner

10B. KIND OF BUSINESS OR
INDUSTRY

11. BIRTHPLACE (State or foreign country)

Maryland

12. CITIZEN OF
WHAT COUNTRY?

U. S. A.

13. FATHER'S NAME

Henry Williams

14. MOTHER'S MAIDEN NAME

Levinia Norton

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)

16. SOCIAL
SECURITY NO.

17. INFORMANT

ADDRESS

Mrs. Evelyn Williams 1106 N. Fremont

18. 442X

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A) Cardio Vascular Renal Disease
DUE TO

4 Mos.

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B) Uremia
DUE TO
(C)

4 Days

II
OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐

21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH

21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID
INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED
WHILE AT ☐ NOT WHILE ☐
WORK AT WORK

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 3/21, 1953, to 3/28, 1953, that I last saw the
deceased alive on 3/28, 1953, and that death occurred at 11:30 A. M., from the causes and on the date stated above.

23A. SIGNATURE

23B. ADDRESS

23C. DATE SIGNED

M. D.

1600 N. Arlington Avenue

3-30-53

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county)

(State)

Burial

4-1, 1953

St. Peters Cem

Baltimore,

Md.

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

Huntington Williams, M.D.

Frances A. Hausky, Widder

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53 3162

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 53 3162

BIRTH NO.

1. NAME OF DECEASED (Type or Print) Mr. George Beyer Jr.		2. DATE OF DEATH 3/29/53	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Maryland B. COUNTY	
B. FULL NAME OF HOSPITAL OR INSTITUTION Bon Secours Hospital		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Balto.	
C. Length of stay in Baltimore Lifetime		D. STREET ADDRESS (If rural, give location) 1512 Hollins St.	
5. SEX Male	6. COLOR OR RACE White	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH 5/8/01
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Funeral Director		10B. KIND OF BUSINESS OR INDUSTRY own business	9. AGE (in years last birthday) 51
11. BIRTHPLACE (State or foreign country) Baltimore		12. CITIZEN OF WHAT COUNTRY? U.S.	
13. FATHER'S NAME George Beyer		14. MOTHER'S MAIDEN NAME Annie Fisher	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown)		16. SOCIAL SECURITY NO.	
17. INFORMANT Mrs. Geo. L. Beyer Jr.		ADDRESS 1002 Hollins St.	

18. 443X DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)		CAUSE OF DEATH		INTERVAL BETWEEN ONSET AND DEATH	
(A) Cerebral Hemorrhage		DUE TO			
ANTECEDENT CAUSES		(B) Arteriosclerosis			
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.		DUE TO			
(C) Hypertensive Cardio-Vascular Disease					
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.					

19A. DATE OF OPERATION 0		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH <input type="checkbox"/>		21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	

22. I hereby certify that I attended the deceased from **March 11**, 1953, to **March 29**, 1953, that I last saw the deceased alive on **March 29**, 1953, and that death occurred at **2:08 P.M.**, from the causes and on the date stated above.

23A. SIGNATURE Saville		23B. ADDRESS Bon Secours Hospital		23C. DATE SIGNED 3/29/53	
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24A. BURIAL, CREMATION, REMOVAL (Specify) Burial		24B. DATE 4/1/53		24C. NAME OF CEMETERY OR CREMATORY Landon Park	
24D. LOCATION (City, town, or county) (State) Balto. City Md.		24E. DATE RECEIVED BY LOCAL REGISTRAR MAR 30 1953		24F. REGISTRAR'S SIGNATURE Huntington Williams, M.D.	
24G. FUNERAL DIRECTOR Lassan Funeral Home		24H. ADDRESS 7401 Belair Rd.			

140
53 3163BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH53 3163
Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

STEPHANIA BIEBLE

2. DATE
OF

DEATH March 29, 1953

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR
INSTITUTION

St. Joseph's Hospital

c. Length of stay in Baltimore

59 yrs.

5. SEX

Female

6. COLOR OR RACE

White

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

Married

10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

Housework

10B. KIND OF BUSINESS OR
INDUSTRY

Own Home

13. FATHER'S NAME

ANTON TOMASCHKO

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)

NO

16. SOCIAL
SECURITY NO.

NONE.

17. INFORMANT

ADDRESS

FRANK BIEBLE 2909 ORLEANS ST.

18. 260X

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A) Acute Heart Failure

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B) Diabetes Mellitus

DUE TO

(C)

II
OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR? (If in Baltimore City, give exact location)21D. TIME (Month) (Day) (Year) (Hour)
INJURY

21E. INJURY OCCURRED

WHILE AT ☐ NOT WHILE ☐
WORK AT WORK

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from March 19, 1953, to March 29, 1953, that I last saw the
deceased alive on March 29, 1953, and that death occurred at 2:00a m., from the causes and on the date stated above.

23A. SIGNATURE

R. J. Bailey

M. D.

23B. ADDRESS

1400 N. Caroline Street - 13

23C. DATE SIGNED
March 29, 195324A. BURIAL, CREMA-
TION, REMOVAL (Specify)

BURIAL

24B. DATE

APRIL 1 1953

24C. NAME OF CEMETERY OR CREMATORY

HOLY REDEEMER CEM

24D. LOCATION (City, town, or county)

4430 BELAIR RD

(State)

MD.

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

Huntington Williams, M.D.

25. FUNERAL DIRECTOR

ADDRESS

1800 E LOMBARD ST

360
53 3164
BIRTH NO.

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

53 3164
Registered No.

1. NAME OF DECEASED (Type or Print) REV. JOHN VALENTINE HUETHER C.S.S.R.			2. DATE OF DEATH 3/29/53		
3. PLACE OF DEATH: a. Baltimore City, Maryland			4. USUAL RESIDENCE (Where deceased lived, If institution: residence before admission) a. STATE MARYLAND b. COUNTY		
b. FULL NAME OF HOSPITAL OR INSTITUTION MERCY HOSPITAL			c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) 75 WOLFE ST BALTIMORE		
c. Length of stay in Baltimore 25 YRS.			d. STREET ADDRESS (If rural, give location) ST. MICHAEL'S RECTORY		
5. SEX MALE	6. COLOR OR RACE WHITE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) SINGLE	8. DATE OF BIRTH 1881-AUG-5	9. AGE (In years last birthday) 71	If Under 1 Year: Months: Days If Under 24 Hours: Hours: Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) PRIEST		10b. KIND OF BUSINESS OR INDUSTRY ST MICHAEL'S CHURCH	11. BIRTHPLACE (State or foreign country) PITTSBURGH, PA.		12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME JOHN HUETHER.			14. MOTHER'S MAIDEN NAME MARY OCH.		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) UNKNOWN		16. SOCIAL SECURITY NO. NONE.	17. INFORMANT REV. FR. GERARD KUHN 75 WOLFE ST.		

18. 443X and 144X DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)		CAUSE OF DEATH		INTERVAL BETWEEN ONSET AND DEATH
(A) RENAL FAILURE		DUE TO		6 Days
(B) HYPERTENSION		DUE TO		18 Years
(C) Arteriosclerotic CVD		DUE TO		-
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		CA - Roof of mouth & Pharynx		

19a. DATE OF OPERATION None		19b. MAJOR FINDINGS OF OPERATION None		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21d. TIME (Month) (Day) (Year) (Hour) OF INJURY		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from 3/24/53 , 19__, to 3/29/53 , 19__, that I last saw the deceased alive on 3/29/53 , 19__, and that death occurred at 7:50 Pm. , from the causes and on the date stated above.					
23a. SIGNATURE Frank J. Throckmold		23b. ADDRESS Mary Hospital, Balt.		23c. DATE SIGNED 3/29/53	
24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL		24b. DATE APRIL 1 1953		24c. NAME OF CEMETERY OR CREMATORY HOLY REDEEMER CEM	
24d. LOCATION (City, town, or county) 4430 BELAIR RD MD		24e. FUNERAL DIRECTOR Huntington Williams, M.D.		24f. ADDRESS Kleffel Bldg 1800 E LOMBARD ST	

MINISTRY OF HEALTH
CERTIFICATE OF DEATH

DATE OF DEATH

Signature of Registrar
Signature of Medical Officer
Signature of Coroner

655
53 3165BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH53 3165
Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Mrs. Yetta Berman.

2. DATE
OF

DEATH March 20, 1953

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence

A. STATE

Maryland

B. COUNTY

before admission)

B. FULL NAME OF (If not in hospital or institution, give street address or
HOSPITAL OR location)
INSTITUTION 4223 Fernhill AveC. CITY OR TOWN (If outside corporate limits, write full name and give
Baltimore township)

D. STREET ADDRESS (If rural, give location)

4223 Fernhill Ave

C. Length of stay in Baltimore

40 Yrs

Yrs.

Mos.

Days

5. SEX

Female

6. COLOR OR RACE

White

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)
Married

8. DATE OF BIRTH

1888

9. AGE (In years
last birthday)

65

10 Under 1 Year
Months: Days11 Under 24 Hours
Hours: Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

House Wife

10B. KIND OF BUSINESS OR
INDUSTRY

11. BIRTHPLACE (State or foreign country)

Russia

12. CITIZEN OF
WHAT COUNTRY?

13. FATHER'S NAME

Lazer Rushowitz

14. MOTHER'S MAIDEN NAME

Sarah Fleisher

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)16. SOCIAL
SECURITY NO.

17. INFORMANT

ADDRESS

Morris Berman 4223 Fernhill Ave

18. 199.9

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A)

Carcinomatous

DUE TO

about
18 mos.

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B)

DUE TO

(C)

II
OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

m.

WHILE AT
WORK ☐NOT WHILE
AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from May 16, 1952, to March 20, 1953, that I last saw the
deceased alive on March 28, 1953, and that death occurred at 7:30 A.M., from the causes and on the date stated above.

23A. SIGNATURE

M. D.

23B. ADDRESS

3100 Garrison Blvd.

23C. DATE SIGNED

3/30/53.

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)
Burial

24B. DATE

March 20, 1953

24C. NAME OF CEMETERY OR CREMATORY

Tifers Israel Cong Cemetery

24D. LOCATION (City, town, or county) (State)

Hamilton Ave

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

Huntington Williams, M.D.

25. FUNERAL DIRECTOR

ADDRESS

Sol Lewinson, Ben North ave 1126W

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DEPARTMENT OF THE ARMY
OFFICE OF THE ADJUTANT GENERAL

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**BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH**

53 3166

Registered No. _____

BIRTH NO. _____

1. NAME OF DECEASED
(Type or Print)

Harry Baker

2. DATE
OF

Mar. 28, 1953

3. PLACE OF DEATH:

A. Baltimore City, Maryland **1139 Poplar Grove St**

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE **Md.**

B. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR INSTITUTE

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)
Baltimore

C. Length of stay in Baltimore **Life**

D. STREET ADDRESS (If rural, give location)
1139 Poplar Grove St.

5. SEX

M

6. COLOR OR RACE

W

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)
Widowed

8. DATE OF BIRTH

Jan. 21, 1874

9. AGE (in years last birthday) **79**

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)
Brush Maker

10B. KIND OF BUSINESS OR INDUSTRY
Pitts

11. BIRTHPLACE (State or foreign country)
Baltimore, Md.

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME

Henry E. Baker

14. MOTHER'S MAIDEN NAME
Louisa Dingle

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, or no or unknown) (If yes, give war or dates of service)
No

16. SOCIAL SECURITY NO.
213-05-3046

17. INFORMANT ADDRESS
Harry E. Baker

18. **331X**

CAUSE OF DEATH **Gertrude M.**

INTERVAL BETWEEN ONSET AND DEATH

I
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) **Cerebral Hemorrhage**
DUE TO **Arteriosclerosis**

1 wk

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B) **Bronchial Asthma**
(C)

30 years

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?
YES ☐ NO ☒

21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH ☐

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from **3-20**, 19**53** to **3-28**, 19**53**; that I last saw the deceased alive on **3-27**, 19**53**, and that death occurred at **7 A. m.**, from the causes and on the date stated above.

23A. SIGNATURE

Leah Robinson

M. D.

23B. ADDRESS

1201 Poplar Ave St

23C. DATE SIGNED

3-28-53

24A. BURIAL, CREMATION, REMOVAL (Specify)

Burial

24B. DATE

3/31/53

24C. NAME OF CEMETERY OR CREMATORY

Parkwood

24D. LOCATION (City, town, or county)

Baltimore, Md.

(State)

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

Huntington Williams, Jr.

25. FUNERAL DIRECTOR

E. E. Elsworth

ADDRESS

4600 Liberty Hgts. Ave.

DEPARTMENT OF HEALTH
CERTIFICATE OF DEATH

1. Name of deceased		2. Sex		3. Age	
4. Date of death		5. Time of death		6. Place of death	
7. Cause of death		8. Manner of death		9. Signature of physician	
10. Signature of registrar		11. Signature of informant		12. Signature of witness	
13. Signature of funeral director		14. Signature of undertaker		15. Signature of cemetery	
16. Signature of health officer		17. Signature of coroner		18. Signature of jury	
19. Signature of jury		20. Signature of jury		21. Signature of jury	
22. Signature of jury		23. Signature of jury		24. Signature of jury	
25. Signature of jury		26. Signature of jury		27. Signature of jury	
28. Signature of jury		29. Signature of jury		30. Signature of jury	
31. Signature of jury		32. Signature of jury		33. Signature of jury	
34. Signature of jury		35. Signature of jury		36. Signature of jury	
37. Signature of jury		38. Signature of jury		39. Signature of jury	
40. Signature of jury		41. Signature of jury		42. Signature of jury	
43. Signature of jury		44. Signature of jury		45. Signature of jury	
46. Signature of jury		47. Signature of jury		48. Signature of jury	
49. Signature of jury		50. Signature of jury		51. Signature of jury	
52. Signature of jury		53. Signature of jury		54. Signature of jury	
55. Signature of jury		56. Signature of jury		57. Signature of jury	
58. Signature of jury		59. Signature of jury		60. Signature of jury	
61. Signature of jury		62. Signature of jury		63. Signature of jury	
64. Signature of jury		65. Signature of jury		66. Signature of jury	
67. Signature of jury		68. Signature of jury		69. Signature of jury	
70. Signature of jury		71. Signature of jury		72. Signature of jury	
73. Signature of jury		74. Signature of jury		75. Signature of jury	
76. Signature of jury		77. Signature of jury		78. Signature of jury	
79. Signature of jury		80. Signature of jury		81. Signature of jury	
82. Signature of jury		83. Signature of jury		84. Signature of jury	
85. Signature of jury		86. Signature of jury		87. Signature of jury	
88. Signature of jury		89. Signature of jury		90. Signature of jury	
91. Signature of jury		92. Signature of jury		93. Signature of jury	
94. Signature of jury		95. Signature of jury		96. Signature of jury	
97. Signature of jury		98. Signature of jury		99. Signature of jury	
100. Signature of jury		101. Signature of jury		102. Signature of jury	

**BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH**

Registered No. **53 3167**

T 656
53 3167
BIRTH NO.

1. NAME OF DECEASED (Type or Print) Margaret Turner			2. DATE OF DEATH 3-28-53		
3. PLACE OF DEATH: A. Baltimore City, Maryland Lutheran Hospital			4. USUAL RESIDENCE (Where deceased lived, If institution: residence before admission) A. STATE Ma. B. COUNTY Baltimore		
B. FULL NAME OF HOSPITAL OR INSTITUTION Lutheran Hospital			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore		
c. Length of stay in Baltimore Seven Years			D. STREET ADDRESS (If rural, give location) 3617 Sylvan Drive		
5. SEX Female	6. COLOR OR RACE White	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH Aug. 5 - 1917		9. AGE (In years last birthday) 35
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Hairdresser			10B. KIND OF BUSINESS OR INDUSTRY Beauty Parlor		11. BIRTHPLACE (State or foreign country) England
13. FATHER'S NAME Joseph Green			14. MOTHER'S MAIDEN NAME Mary ?		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) No			16. SOCIAL SECURITY NO. 212-28-8799		
			17. INFORMANT ADDRESS Eileen Margaret Duffy		
18. E981X DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) Multiple Gunshot Wounds of the Chest & Abdomen			CAUSE OF DEATH 132 Highland Rd. Glencove N.Y.		
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.			INTERVAL BETWEEN ONSET AND DEATH		
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.					
19A. DATE OF OPERATION		19B. MAJOR FINDINGS OF OPERATION			20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
21A. EXTERNAL CAUSE WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH.		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I certify that I took charge of the remains described above, held an Permit thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes <input type="checkbox"/> , accident <input type="checkbox"/> , suicide <input type="checkbox"/> , homicide <input checked="" type="checkbox"/> , undetermined <input type="checkbox"/> .					
23A. SIGNATURE William J. Williams		23B. CHIEF MEDICAL EXAMINER <input type="checkbox"/> ASSISTANT MEDICAL EXAMINER <input checked="" type="checkbox"/> MEDICAL INVESTIGATOR <input type="checkbox"/>		23C. DATE SIGNED 3-29-53	
24A. BURIAL, CREMATION, REMOVAL (Specify) Burial		24B. DATE 4-1-53		24C. NAME OF CEMETERY OR CREMATORY New Cathedral	
24D. LOCATION (City, town, or county) (State) Baltimore Md.		25. FUNERAL DIRECTOR ADDRESS Edwards Armbrust			
DATE RECEIVED BY LOCAL REGISTRAR APR 30 1953		REGISTRAR'S SIGNATURE Huntington Williams, M.D.			
VS 151		4600 Liberty Heights Ave.			

MEDICAL CERTIFICATION

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be fully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

-420
53 3168BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 53 3168

1. NAME OF DECEASED (Type or Print) Elmer Judson Willis			2. DATE OF DEATH March 29, 1953		
3. PLACE OF DEATH: A. Baltimore City, Maryland			4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Maryland COUNTY Baltimore		
5. FULL NAME OF (If not in hospital or institution, give street address or HOSPITAL OR U.S. Public Health Service location) INSTITUTION Wyman Pk. Dr. and 31st. St. Hospital			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore		
Length of stay in Baltimore 35 yrs. Yrs. Mos. Days			D. STREET ADDRESS (If rural, give location) 1734 E. 25th. St.		
5. SEX M.	6. COLOR OR RACE White	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH 2/13/92		9. AGE (In years last birthday) 61
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Seafarer, 1st. officer		10B. KIND OF BUSINESS OR INDUSTRY Seafarer	11. BIRTHPLACE (State or foreign country) Virginia		12. CITIZEN OF USA
13. FATHER'S NAME Albert Willis			14. MOTHER'S MAIDEN NAME Evangeline Haynes		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) No		16. SOCIAL SECURITY NO. 217 14 3734	17. INFORMANT ADDRESS Records-US PHS Hosp. Balto. Md.		

18. 420.1

CAUSE OF DEATH

INTERVAL BETWEEN ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) **Infarct, recent, left ventricle****10 days**

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE, (A) STATING THE UNDERLYING CONDITION LAST.

(B) **Arteriosclerosis**

DUE TO

(C)

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

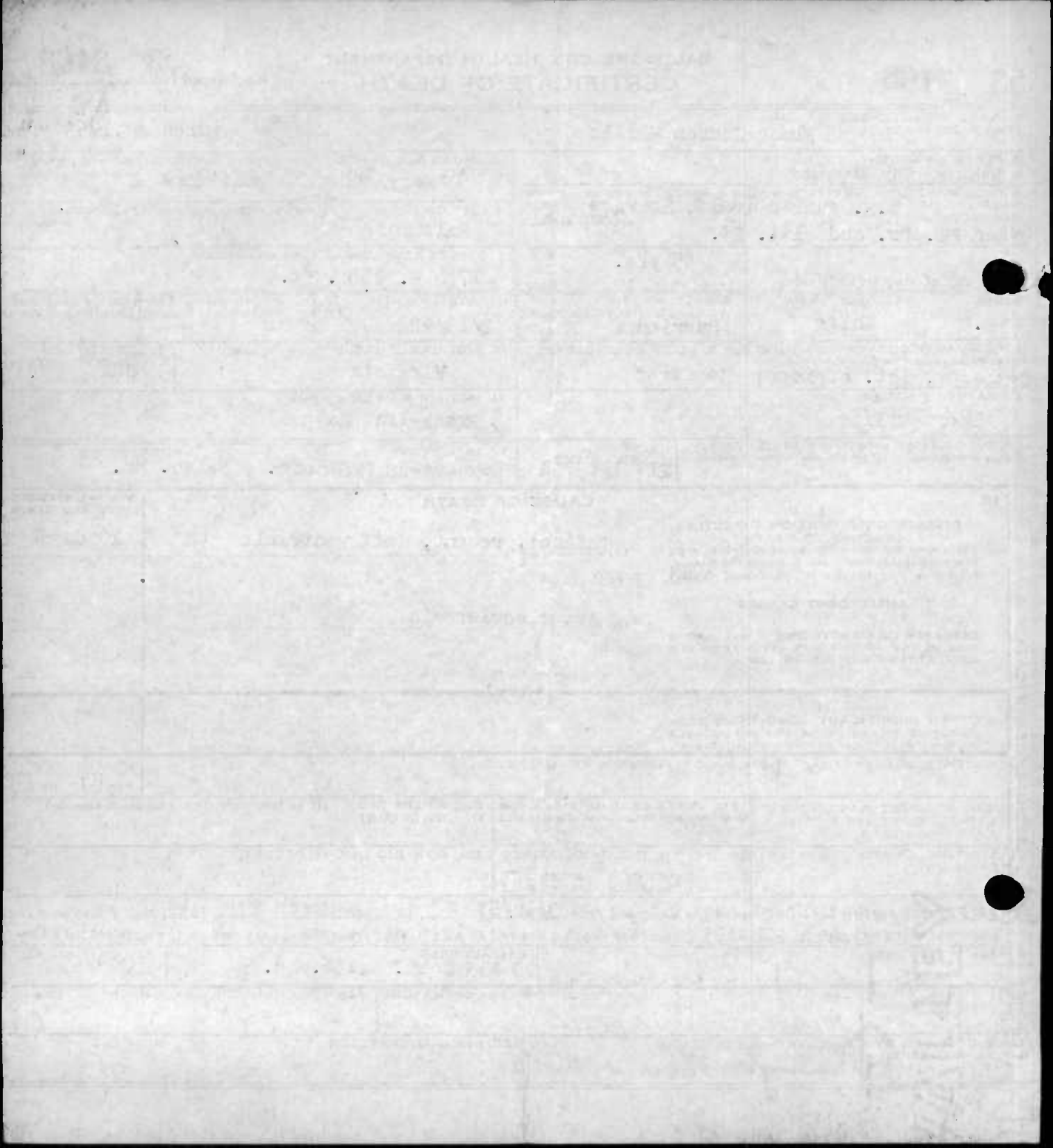
19A. DATE OF OPERATION 0		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
21A. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT <input type="checkbox"/> WORK NOT WHILE <input type="checkbox"/> AT WORK		21F. HOW DID INJURY OCCUR?	

22. I hereby certify that I attended the deceased from **3/18/53**, 19 **53**, to **March 29**, 19**53**, that I last saw the deceased alive on **March 29**, 19**53**, and that death occurred at **12:55a.**, from the causes and on the date stated above.

23A. SIGNATURE James M. Swenson	23B. ADDRESS US PHS Hosp. Balto. Md.	23C. DATE SIGNED 3/29/53
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24A. BURIAL, CREMATION, REMOVAL (Specify) Burial	24B. DATE 4/1/53	24C. NAME OF CEMETERY OR CREMATORY Parkwood Cemt	24D. LOCATION (City, town, or county) (State) Balto. Md.
DATE RECEIVED BY LOCAL REGISTRAR MAR 30 1953	REGISTRAR'S SIGNATURE Huntington Williams, M.D.	25. FUNERAL DIRECTOR ADDRESS Cherene F. Appen 1634 N BROADWAY	

24055



363
3 3169

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

53 3169
Registered No. 3698

BIRTH NO.		1. NAME OF DECEASED (Type or Print) JULIA STRATTON		2. DATE OF DEATH 3/27/53	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived, If institution: residence before admission) A. STATE MARYLAND B. COUNTY			
B. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION 1034 N. STRICKER ST.		C. CITY OR TOWN (If outside corporate limits, write R.U.R.A. and give township) BALTIMORE			
C. Length of stay in Baltimore 50 yrs.		D. STREET ADDRESS (If rural, give location) 1034 N. STRICKER STREET			
5. SEX FEMALE	6. COLOR OR RACE COL.	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) WIDOW	8. DATE OF BIRTH 2/15/1888	9. AGE (In years last birthday) 65	If Under 1 Year Months: Days If Under 24 Hours Hours: Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) domestic		10B. KIND OF BUSINESS OR INDUSTRY home		11. BIRTHPLACE (State or foreign country) MARYLAND	
12. CITIZEN OF WHAT COUNTRY?		13. FATHER'S NAME THOMAS JONES		14. MOTHER'S MAIDEN NAME HENRIETTA	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO. 220-30-2662		17. INFORMANT ADDRESS JAMES FLETCHER 1034 N. STRICKER ST.	
18. 422.1 DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) myocarditis DUE TO ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. arterio sclerosis DUE TO OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		CAUSE OF DEATH myocarditis arterio sclerosis		INTERVAL BETWEEN ONSET AND DEATH One Year Unknown	
19A. DATE OF OPERATION 0		19B. MAJOR FINDINGS OF OPERATION			20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>
21A. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) INJURY		21E. INJURY OCCURRED WHILE AT <input type="checkbox"/> NOT WHILE <input type="checkbox"/> m. WORK AT WORK		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from 9-10-1951 to 3-27-1953, that I last saw the deceased alive on 3-26-1953, and that death occurred at 5 A. m., from the causes and on the date stated above.					
23A. SIGNATURE Frank A. Saunders		23B. ADDRESS 1029 N. Stricker St.		23C. DATE SIGNED 3-28-53	
24A. BURIAL, CREMATION, REMOVAL (Specify) BURIAL		24B. DATE 3/30/53		24C. NAME OF CEMETERY OR CREMATORY AUBURN	
24D. LOCATION (City, town, or county) BALTIMORE		24E. STATE MD.		25. FUNERAL DIRECTOR CHARLES A. RICE 661 W. BAYNE STREET	
DATE RECEIVED BY LOCAL REGISTRAR MAR 30 1953		REGISTRAR'S SIGNATURE Huntington Williams		ADDRESS	

MEDICAL CERTIFICATION

7208A

03-198

03-198

UNITED STATES DEPARTMENT OF AGRICULTURE
BUREAU OF PLANT INDUSTRY

U.S.A.
BUREAU OF PLANT INDUSTRY
WASHINGTON, D.C.
CONGRESS
VALLEY

143
53 3170
BIRTH NO.

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

53 3170
Registered No.

1. NAME OF DECEASED (Type or Print) <u>Robert Baublitz</u> <u>Robert C. Baublitz</u>			2. DATE OF DEATH <u>28 Mar 1953</u>		
3. PLACE OF DEATH: A. Baltimore City, Maryland <u>Baltimore</u>			4. USUAL RESIDENCE (Where deceased lived. If institution: residence) A. STATE <u>Ellicott City</u> B. COUNTY <u>Baltimore</u>		
B. FULL NAME OF HOSPITAL OR INSTITUTION <u>St. Agnes Hospital</u>			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <u>Ellicott City</u>		
C. Length of stay in Baltimore <u>26</u> Yrs. Mos. Days			D. STREET ADDRESS (If rural, give location) <u>Westchester Ave 5300</u>		
5. SEX <u>M</u>	6. COLOR OR RACE <u>W</u>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>9-4-1926</u>	9. AGE (In years last birthday) <u>26</u>	If Under 1 Year Months: Days If Under 24 Hours Hours: Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Switchman</u>		10B. KIND OF BUSINESS OR INDUSTRY <u>C&P Tel. Co</u>	11. BIRTHPLACE (State or foreign country) <u>Baltimore Maryland</u>		12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME <u>William Baublitz</u>			14. MOTHER'S MAIDEN NAME <u>Esther Graft</u>		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) <u>No</u> (If yes, give war or dates of service)		16. SOCIAL SECURITY NO. <u>217-22-2540</u>	17. INFORMANT ADDRESS <u>Mrs. Emma H. Baublitz, Ellicott City, Md.</u>		
18. <u>572.2</u> I DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) <u>Ulcerative Colitis</u> (A) DUE TO ANTECEDENT CAUSES (B) DUE TO DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE. (A) STATING THE UNDERLYING CONDITION LAST. (C) OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.			CAUSE OF DEATH <u>Ulcerative Colitis</u> INTERVAL BETWEEN ONSET AND DEATH <u>5 weeks</u>		
19A. DATE OF OPERATION <u>3/27/53</u>			19B. MAJOR FINDINGS OF OPERATION <u>Ulcerative Colitis</u>		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH		21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)		
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21F. HOW DID INJURY OCCUR?		
22. I hereby certify that I attended the deceased from <u>21 Feb</u> , 19 <u>53</u> , to <u>28 Mar</u> , 19 <u>53</u> that I last saw the deceased alive on <u>28 Mar</u> , 19 <u>53</u> , and that death occurred at <u>8:20 P.m.</u> , from the causes and on the date stated above.					
23A. SIGNATURE <u>F. C. Higinbotham</u>		23B. ADDRESS <u>1707 E. Shunds m. A vi. Catonsville, Md</u>	23C. DATE SIGNED <u>3/28/53</u>		
24A. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24B. DATE <u>4-1-53</u>	24C. NAME OF CEMETERY OR CREMATORY <u>Lorraine</u>	24D. LOCATION (City, town, or county) <u>Baltimore, Md.</u>	
DATE RECEIVED BY LOCAL REGISTRAR <u>MAR 30 1953</u>		REGISTRAR'S SIGNATURE <u>Huntington Williams, Mgr.</u>		25. FUNERAL DIRECTOR ADDRESS <u>F. C. Higinbotham, Ellicott City, Md.</u>	

MEDICAL CERTIFICATION

540 5A

0710 13

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

0710

NAME OF DECEASED *John J. Smith*

DATE OF BIRTH *10-15-1890*

PLACE OF BIRTH *St. Louis, Mo.*

DATE OF DEATH *11-10-1940*

PLACE OF DEATH *Baltimore, Md.*

SEX *Male*

RACE *White*

EDUCATION *High School*

RELIGION *Catholic*

OCCUPATION *Engineer*

DECEASED'S RESIDENCE *1234 N. Broadway*

DECEASED'S USUAL PLACE OF EMPLOYMENT *Western Electric Co.*

DATE OF DEATH *11-10-1940*

PLACE OF DEATH *Baltimore, Md.*

CAUSE OF DEATH *Myocardial Infarction*

DATE OF DEATH *11-10-1940*

DECEASED'S USUAL PLACE OF EMPLOYMENT *Western Electric Co.*

DECEASED'S USUAL PLACE OF EMPLOYMENT *Western Electric Co.*

DECEASED'S USUAL PLACE OF EMPLOYMENT *Western Electric Co.*

DECEASED'S USUAL PLACE OF EMPLOYMENT *Western Electric Co.*

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DECEASED'S USUAL PLACE OF EMPLOYMENT *Western Electric Co.*

DECEASED'S USUAL PLACE OF EMPLOYMENT *Western Electric Co.*

DECEASED'S USUAL PLACE OF EMPLOYMENT *Western Electric Co.*

542
53 3171BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH53 3171
Registered No.

BIRTH NO.		1. NAME OF DECEASED (Type or Print) <u>Delia Cornelius</u>		2. DATE OF DEATH <u>March 30 / 53</u>	
3. PLACE OF DEATH: A. <u>Baltimore City, Maryland</u>		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE <u>Md.</u> B. COUNTY <u>20 04</u>			
B. FULL NAME OF HOSPITAL OR INSTITUTION <u>Baltimore Eye + Ear Hospital</u>		C. CITY OR TOWN (If outside corporate limits, write SURVAT and give township) <u>Baltimore</u>			
C. Length of stay in Baltimore <u>50</u>		D. STREET ADDRESS (If rural, give location) <u>2159 Hollins St.</u>			
5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>	8. DATE OF BIRTH <u>Nov 30, 1878</u>	9. AGE (In years last birthday) <u>74</u>	If Under 1 Year Months: Days: If Under 24 Hours Hours: Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>House wife</u>		10B. KIND OF BUSINESS OR INDUSTRY <u>at home</u>		11. BIRTHPLACE (State or foreign country) <u>Ireland</u>	
12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>		13. FATHER'S NAME <u>Timothy Lannon</u>		14. MOTHER'S MAIDEN NAME <u>Mary Moran</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) <u>No</u>		16. SOCIAL SECURITY NO. <u>-</u>		17. INFORMANT <u>Mr. William F. Goppinger</u>	
18. <u>420.1</u> DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) CAUSE OF DEATH (A) <u>Coronary Thrombosis</u> DUE TO INTERVAL BETWEEN ONSET AND DEATH <u>3 hrs.</u>		(B) <u>Arteriosclerosis</u> DUE TO <u>20 yrs.</u>			
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. (C) <u>hypertension</u> <u>obesity</u>		<u>10 yrs.</u>			
19A. DATE OF OPERATION <u>March 26 / 53</u>		19B. MAJOR FINDINGS OF OPERATION <u>Cataract O.D.</u>		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)		21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from <u>Mar 25, 1953</u> to <u>Mar 30, 1953</u> that I last saw the deceased alive on <u>Mar 30, 1953</u> , and that death occurred at <u>6⁰⁵ am.</u> , from the causes and on the date stated above.					
23A. SIGNATURE <u>R. G. Best</u>		23B. ADDRESS <u>1214 Eutaw Pl.</u>		23C. DATE SIGNED <u>Mar 30 / 53</u>	
24A. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24B. DATE <u>4 / 3 / 53</u>		24C. NAME OF CEMETERY OR CREMATORY <u>New Cathedral</u>	
24D. LOCATION (City, town, or county) (State) <u>4300 Old Frederick Rd.</u>		24E. FUNERAL DIRECTOR <u>John J. Cowan & Son</u>		24F. ADDRESS <u>4000 St.</u>	
24G. DATE RECEIVED BY LOCAL REGISTRAR <u>MAR 30 1953</u>		24H. REGISTRAR'S SIGNATURE <u>Huntington Williams, Jr.</u>		24I. ADDRESS <u>4000 St.</u>	

1716

80

RECEIVED OF DEATH

1717

81



53 3172

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH53 3172
Registered No.

BIRTH NO.

1. NAME OF DECEASED (Type or Print) WEBER, MRS. HELEN		2. DATE OF DEATH 3/29/53	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Maryland B. COUNTY	
B. FULL NAME OF (If not in hospital or institution, give street address or location) Shed Home & Hospital		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore 6-03	
D. STREET ADDRESS (If rural, give location) 2206 E. Fayette St.		Yrs. Mos. Days	
Length of stay in Baltimore 47		5. SEX F 6. COLOR OR RACE W 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) M	
8. DATE OF BIRTH Oct. 7, 1892		9. AGE (In years last birthday) 61 10. Under 1 Year Months: Days 11. Under 24 Hours Hours: Min.	
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10B. KIND OF BUSINESS OR INDUSTRY	
11. BIRTHPLACE (State or foreign country) Poland		12. CITIZEN OF WHAT COUNTRY?	
13. FATHER'S NAME Adolph Salachowski		14. MOTHER'S MAIDEN NAME	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.	
17. INFORMANT Shed Home & Hospital		ADDRESS	

18. 420.0 DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) Cerebral Embolism DUE TO Anterior occlusion Heart Disease with Quincke's fibrillation	CAUSE OF DEATH	INTERVAL BETWEEN ONSET AND DEATH 2 days
19. II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. Thrombophlebitis		13 days

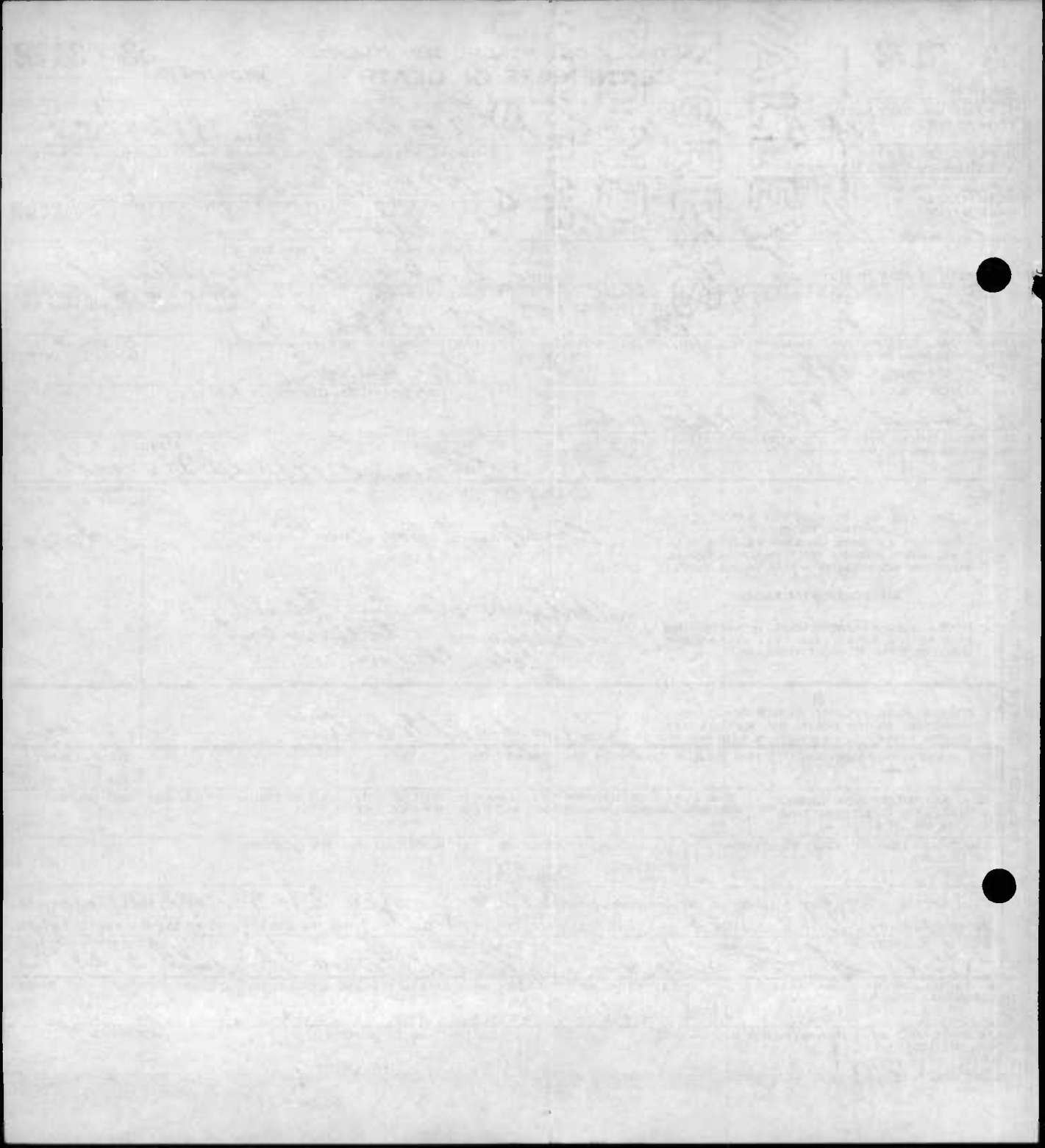
19A. DATE OF OPERATION 0	19B. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH <input type="checkbox"/>	21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY	21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from **3/26**, 19**53**, to **3/29**, 19**53**, that I last saw the deceased alive on **3/29**, 19**53**, and that death occurred at **10:35 P.** m., from the causes and on the date stated above.

23A. SIGNATURE **David F. Hansen** M. D. 23B. ADDRESS **Shed Home & Hospital** 23C. DATE SIGNED **3/29/53**

24A. BURIAL, CREMATION, REMOVAL (Specify) Burial	24B. DATE April 1 1953	24C. NAME OF CEMETERY OR CREMATORY Holy Rosary Cem.	24D. LOCATION (City, town, or county) (State) Balta. County
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DATE RECEIVED BY LOCAL REGISTRAR MAR 30 1953	REGISTRAR'S SIGNATURE Huntington	25. FUNERAL DIRECTOR John H. Weber	ADDRESS
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BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 53 3173

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Mr. Edward Charlton

2. DATE
OF
DEATH

3/28/53

3. PLACE OF DEATH:

A. Baltimore City, Maryland Baltimore, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE B. COUNTY

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Baltimore, Maryland

B. FULL NAME OF (If not in hospital or institution, give street address or location)

St. Agnes Hospital

C. Length of stay in Baltimore

50 YRS

Yrs.
Mos.
Days

D. STREET ADDRESS (If rural, give location)

4607 Maple Ave. (27)

5351

5. SEX

Male

6. COLOR OR RACE

White

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)

Married

8. DATE OF BIRTH

(72 Yrs.) 11-11-1880 72 Yrs

9. AGE (In years last birthday)

If Under 1 Year Months Days If Under 24 Hours Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Retired

10B. KIND OF BUSINESS OR INDUSTRY

B. & O. R. R.

11. BIRTHPLACE (State or foreign country)

Pa.

12. CITIZEN OF WHAT COUNTRY?

U S A

13. FATHER'S NAME

JOHN C. CHARLTON

14. MOTHER'S MAIDEN NAME

ELIXIR D. COVALT

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT ADDRESS
EMILY A CHARLTON 4607 MAPLE AVE

18. 42211

CAUSE OF DEATH

INTERVAL BETWEEN ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A)

DUE TO

Cerebral Thrombosis

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B)

DUE TO

Atherosclerotic Cardio-Vascular Disease

(C)

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒

21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH

21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 3-25, 1953 to 3-28, 1953 that I last saw the deceased alive on 3-28, 1953, and that death occurred at 12:05 p.m. from the causes and on the date stated above.

23A. SIGNATURE

23B. ADDRESS

23C. DATE SIGNED

24A. BURIAL, CREMATION, REMOVAL (Specify)

BURIAL

24B. DATE

3/11/53

24C. NAME OF CEMETERY OR CREMATORY

LODON PARK

24D. LOCATION (City, town, or county) (State)

BALTIMORE, MARYLAND

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

MAR 30 1953

Huntington Williams, M.D. Joseph J. Ambrose 1325 Sulphur Sp Rd.

3178

3178

STATE OF NEW YORK

CERTIFICATE OF DEATH

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BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 53 3174

624

53 BIRTH No 3174

1. NAME OF DECEASED (Type or Print) Frank Borsella			2. DATE OF DEATH March 29 1953		
3. PLACE OF DEATH: A. Baltimore City, Maryland 1001 Forrest St.			4. USUAL RESIDENCE (Where deceased lived, If institution: residence before admission) A. STATE Maryland B. COUNTY Baltimore		
B. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION			C. CITY OR TOWN (If outside corporate limits, write "RURAL" and give township) Baltimore		
C. Length of stay in Baltimore 52 Yrs			D. STREET ADDRESS (If rural, give location) 1001 Forrest St.		
5. SEX Male	6. COLOR OR RACE White	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH 872 April (5-1870)		9. AGE (In years last birthday) (52) 80
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Stonemason		10B. KIND OF BUSINESS OR INDUSTRY Construction	11. BIRTHPLACE (State or foreign country) Piedimonte D'Alife-Italy		12. CITIZEN OF WHAT COUNTRY? Italy
13. FATHER'S NAME Giovanni B. Borsella			14. MOTHER'S MAIDEN NAME Carmela		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) no		16. SOCIAL SECURITY NO.	17. INFORMANT ADDRESS Vincenzina Borsella 1001 Forrest St		

18. 420.0 DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthma, etc. It means the disease, injury or complication which caused death.) Arteriosclerotic disease		CAUSE OF DEATH (A) Arteriosclerotic disease DUE TO	INTERVAL BETWEEN ONSET AND DEATH 3 days
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.		(B) Congestive failure due to arteriosclerotic heart disease DUE TO	3 weeks
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.			

19A. DATE OF OPERATION 0		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
21A. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH		21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from 8 March, 1953 , to 29 March, 1953 , that I last saw the deceased alive on 27 March, 1953 , and that death occurred at 9 P. m., from the causes and on the date stated above.					
23A. SIGNATURE S. C. Ceper		23B. ADDRESS 214 E. Preston St		23C. DATE SIGNED 30 March 1953	
24A. BURIAL, CREMATION, REMOVAL (Specify) Burial		24B. DATE April 1st/53		24C. NAME OF CEMETERY OR CREMATORY Holy Redeemer Cem.	
24D. LOCATION (City, town, or county) (State) Balt. Md.		25. FUNERAL DIRECTOR ADDRESS Frank Della Uoce 322 S. High St.			
DATE RECEIVED BY LOCAL REGISTRAR MAR 30 1953		REGISTRAR'S SIGNATURE Huntington Williams, M.D.			

MEDICAL CERTIFICATION

1944

CERTIFICATE OF DEATH

DATE OF DEATH

PLACE OF DEATH

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300
53 3175BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 53 3175

BIRTH NO.

1. NAME OF DECEASED (Type or Print) Mary Wilson Lloyd			2. DATE OF DEATH Mar. 29, 1953		
3. PLACE OF DEATH: A. Baltimore City, Maryland			4. USUAL RESIDENCE (Where deceased lived, If institution: residence before admission) A. STATE Maryland B. COUNTY Montgomery		
B. FULL NAME OF HOSPITAL OR INSTITUTION US Public Health Service Hospital Wyman pk. Drive & 31st street			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Bethesda		
D. STREET ADDRESS (If rural, give location) 7909 Sleaford place 6500					
5. SEX F			6. COLOR OR RACE W		
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Married			8. DATE OF BIRTH 2/19/05		
9. AGE (In years last birthday) 48			10. If Under 1 Year Months: Days If Under 24 Hours Hours: Min.		
11. BIRTHPLACE (State or foreign country) New Hampshire			12. CITIZEN OF WHAT COUNTRY? USA		
13. FATHER'S NAME W.J. Wilson			14. MOTHER'S MAIDEN NAME Estelle Helms		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, so or unknowns) (If yes, give war or dates of service) No			16. SOCIAL SECURITY NO. ?		
17. INFORMANT Records- US PHS Hospital, Balto, Md.			ADDRESS		

18. 330x I DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) Postoperative state, cerebral edema DUE TO Antecedent Causes DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. Congenital aneurysm circle of Willis DUE TO Other Significant Conditions Contributing to the Death, But Not Related to the Disease or Condition Causing It.		INTERVAL BETWEEN ONSET AND DEATH 4 days Undetermined
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19A. DATE OF OPERATION 3/25/53		19B. MAJOR FINDINGS OF OPERATION Congenital aneurysm at circle of Willis		20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH <input type="checkbox"/>		21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <input type="checkbox"/>		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location) <input type="checkbox"/>	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR? <input type="checkbox"/>	

22. I hereby certify that I attended the deceased from **Feb. 18, 1953**, to **Mar. 29, 1953**, that I last saw the deceased alive on **Mar. 29, 1953**, and that death occurred at **8:40P** m., from the causes and on the date stated above.

23A. SIGNATURE **J.A. Hunter, Clinical Director** M. D. **US PHS Hospital, Balto, Md.** 23C. DATE SIGNED **3/30/53**

24A. BURIAL, CREMATION, REMOVAL (Specify)
CREMATION 24B. DATE **MAR. 30, 1953** 24C. NAME OF CEMETERY OR CREMATORY **Cedar Hill Cem.** 24D. LOCATION (City, town, or county) (State)
Washington, D.C.

DATE RECEIVED BY LOCAL REGISTRAR **MAR 30 1953** REGISTRAR'S SIGNATURE **Huntington Williams, M.D.** 25. FUNERAL DIRECTOR **Robert A. Humphrey** ADDRESS **Bethesda, MD.**

100-2175

DEPARTMENT OF HEALTH
CERTIFICATE OF DEATH

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PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. **53 3176**

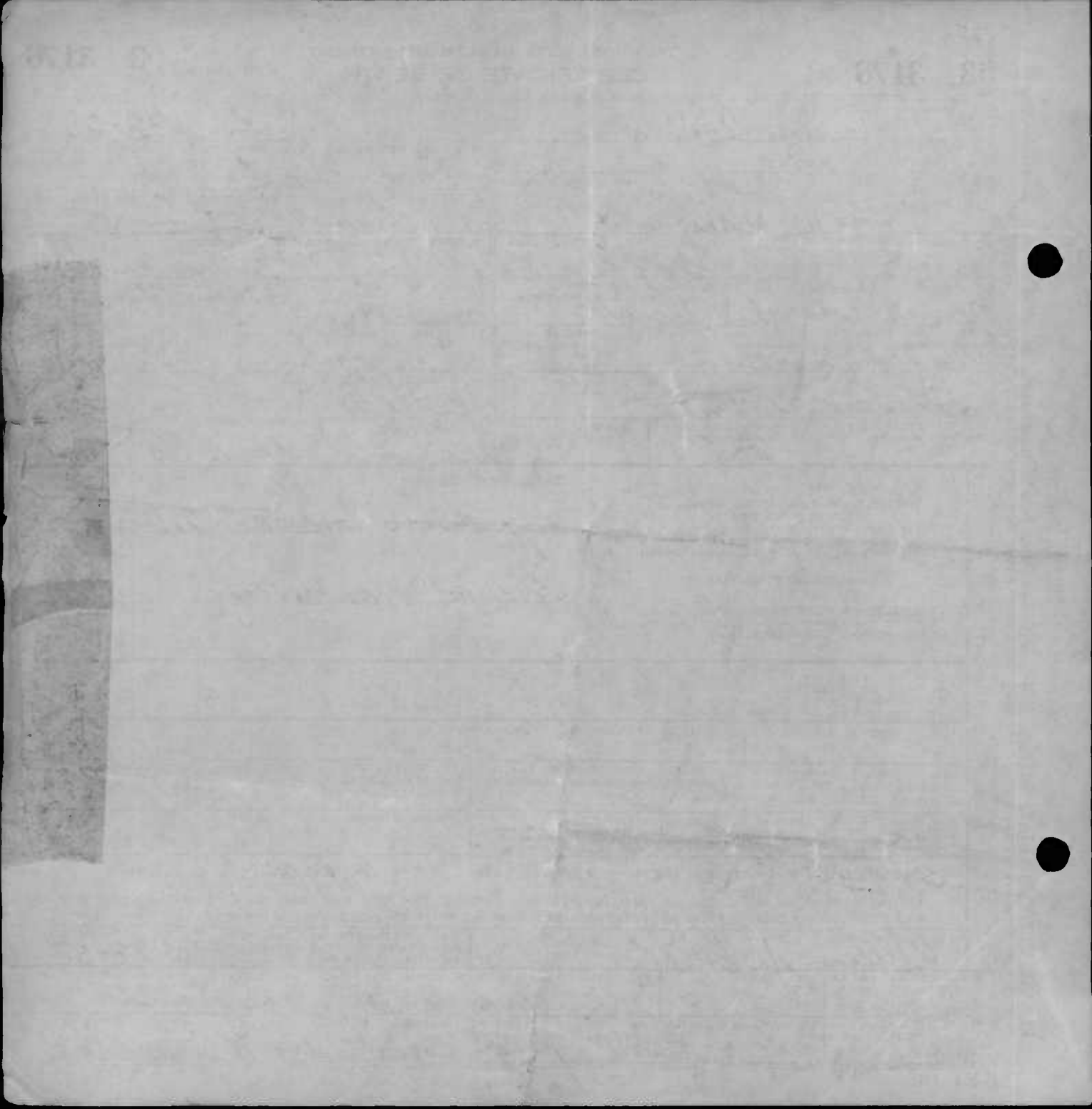
C-615
53 3176
BIRTH NO.

1. NAME OF DECEASED (Type or Print) Georgie Corben			2. DATE OF DEATH 3-28-53		
3. PLACE OF DEATH: A. Baltimore City, Maryland			4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Maryland B. COUNTY 18-02		
B. FULL NAME OF HOSPITAL OR INSTITUTION 1037 W. Mulberry St			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore		
c. Length of stay in Baltimore Years			D. STREET ADDRESS (If rural, give location) 1037- St. Mulberry St.		
5. SEX Female	6. COLOR OR RACE Colored	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Single	8. DATE OF BIRTH June 7, 1917	9. AGE (In years last birthday) 35	10. If Under 1 Year Months: Days: If Under 24 Hours Hours: Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Day's Work.			10B. KIND OF BUSINESS OR INDUSTRY		
11. BIRTHPLACE (State or foreign country) Virginia			12. CITIZEN OF WHAT COUNTRY? U.S.A.		
13. FATHER'S NAME Travers Corben			14. MOTHER'S MAIDEN NAME Estelle ?		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)			16. SOCIAL SECURITY NO.		
17. INFORMANT Marion Lockley			ADDRESS 1037- Mulberry St		

18. 443X DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) I Hypertensive Cardiovascular Disease		INTERVAL BETWEEN ONSET AND DEATH
DUE TO (A) Cerebral Hemorrhage		
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. (B) (C)		

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
21A. EXTERNAL CAUSE WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH.		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> / NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I certify that I took charge of the remains described above, held an Autopsy thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes <input checked="" type="checkbox"/> , accident <input type="checkbox"/> , suicide <input type="checkbox"/> , homicide <input type="checkbox"/> , undetermined <input type="checkbox"/> .					
23A. SIGNATURE William W. Halstead		23B. CHIEF MEDICAL EXAMINER <input type="checkbox"/> ASSISTANT MEDICAL EXAMINER <input checked="" type="checkbox"/> M.D.		23C. DATE SIGNED 3-28-53	
24A. BURIAL, CREMATION, REMOVAL (Specify) Burial		24B. DATE 3/31/53		24C. NAME OF CEMETERY OR CREMATORY Mt. Auburn Cemet.	
24D. LOCATION (City, town, or county) (State) Maryland		25. FUNERAL DIRECTOR Huntington Williams, M.D. Halstead - 918- Spruid Hill Ave.			
DATE RECEIVED BY LOCAL REGISTRAR APR 30 1953		REGISTRAR'S SIGNATURE Huntington Williams, M.D.			



240
53 3177BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH53 3177
Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

George F. Eisel

2. DATE
OF
DEATH

March 28, 1953

3. PLACE OF DEATH:

A. Baltimore City, Maryland Baltimore

B. FULL NAME OF
HOSPITAL OR
INSTITUTION

601 E. Randall St.

4. USUAL RESIDENCE (Where deceased lived. If institution: residence
before admission)

A. STATE Md.

B. COUNTY

C. CITY OR TOWN (If outside corporate limits, write full name and give
township)

Baltimore

D. STREET ADDRESS (If rural, give location)

601 E. Randall St.

5. SEX

male

6. COLOR OR RACE

white

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

married

8. DATE OF BIRTH

Aug. 30, 1878

9. AGE (in years;
last birthday)

74

If Under 1 Year
Months: DaysIf Under 24 Hours
Hours: Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

Painter

10B. KIND OF BUSINESS OR
INDUSTRY

Mercy Hospital

11. BIRTHPLACE (State or foreign country)

Baltimore Md.

12. CITIZEN OF
WHAT COUNTRY?

U.S.A.

13. FATHER'S NAME

Nicholas Eisel

14. MOTHER'S MAIDEN NAME

Barbara Bayline

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)

no

none

16. SOCIAL
SECURITY NO.

none

17. INFORMANT

ADDRESS

Mrs. G. Eisel 601 E. Randall St.

18. 443x

DISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

CAUSE OF DEATH

(A)

DUE TO

(B)

DUE TO

(C)

INTERVAL BETWEEN
ONSET AND DEATH

II

OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR? (If in Baltimore City, give exact location)21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

WHILE AT WORK ☒ NOT WHILE
AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Jan 10, 1953, to 3/28, 1953, that I last saw the
deceased alive on 3/27, 1953, and that death occurred at 3 A. m., from the causes and on the date stated above.

23A. SIGNATURE

23B. ADDRESS

23C. DATE SIGNED

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county)

(State)

Burial

March 31, 1953 Loudon Park

Frederick Ave. Balto. Md.

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

MAR 30 1953

Huntington Williams, M.D.

KRAUSE FUNERAL HOME 1216S. Charles St.

Balto. 30

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 53 3178

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

CHARLES

PRISOCK

2. DATE
OF
DEATH

March 29, 1953

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location)

Mercy Hospital

4. USUAL RESIDENCE (Where deceased lived, If institution: residence before admission)

A. STATE
Maryland

B. COUNTY

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Baltimore

D. STREET ADDRESS (If rural, give location)

1126 E. Lombard Street

c. Length of stay in Baltimore

20 yrs.

Yrs.
Mos.
Days

5. SEX

Male

6. COLOR OR RACE

Colored

7. SINGLE, MARRIED,

WIDOWED, DIVORCED (Specify)

8. DATE OF BIRTH

1905

9. AGE (In years

last birthday)

48 yrs.

If Under 1 Year

Months: Days

If Under 24 Hours

Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Unknown

10B. KIND OF BUSINESS OR INDUSTRY

Unknown

11. BIRTHPLACE (State or foreign country)

Union S.C.

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME

Cornelius Prisock

14. MOTHER'S MAIDEN NAME

Hattie Jones

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown)

(If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

237-16-8109

17. INFORMANT

Hattie J. Prisock

ADDRESS

Union S.C.

18. 002X

CAUSE OF DEATH

INTERVAL BETWEEN ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Far Advanced Pulmonary Tuberculosis

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B)

DUE TO

(C)

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒21A. EXTERNAL CAUSE WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH.

21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21d. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED WHILE AT ☐ WORK NOT WHILE ☐ AT WORK

21F. HOW DID INJURY OCCUR?

22. I certify that I took charge of the remains described above, held an inspection & inquiry thereon and from Autopsy, Inspection or Inquiry the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐.

23A. SIGNATURE

William J. Harrison

23B. CHIEF MEDICAL EXAMINER..... ☒ASSISTANT MEDICAL EXAMINER..... ☒

M.D.

MEDICAL INVESTIGATOR..... ☒

23C. DATE SIGNED

3-30-53

24A. BURIAL, CREMATION, REMOVAL (Specify)

Burial

24B. DATE

4/4/53

24C. NAME OF CEMETERY OR CREMATORY

Union S.C.

24D. LOCATION (City, town or county)

Union S.C.

(State)

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

Huntington Williams, M.D.

25. FUNERAL DIRECTOR

Metropolitan Funeral Home Inc.

ADDRESS

1949 Edmondson Ave.

VS 151

MEDICAL CERTIFICATION

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be fully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

03 8178

03 8178

RECEIVED

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 53 3179

W-300
53 3179
BIRTH NO.

1. NAME OF DECEASED (Type or Print) <i>Louise White</i>			2. DATE OF DEATH <i>3-27-53</i>		
3. PLACE OF DEATH: A. Baltimore City, Maryland			4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE <i>Maryland</i> B. COUNTY		
5. FULL NAME OF DECEASED (If not in hospital or institution, give street address or location) <i>3311 Liberty Hgts. Ave.</i>			C. CITY OR TOWN (If outside corporate limits, write full name and give township) <i>Baltimore</i>		
c. Length of stay in Baltimore Yrs. Mos. Days			D. STREET ADDRESS (If rural, give location) <i>3311 Liberty Hgts. Ave.</i>		
5. SEX <i>Female</i>	6. COLOR OR RACE <i>Colored</i>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH <i>Oct. 12, 1894</i>		9. AGE (In years last birthday) <i>58</i>
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>Housewife</i>		10B. KIND OF BUSINESS OR INDUSTRY <i>Home</i>	11. BIRTHPLACE (State or foreign country) <i>Louis Co. Pa.</i>		12. CITIZEN OF WHAT COUNTRY? <i>U. S. A.</i>
13. FATHER'S NAME <i>Calley Barrie</i>			14. MOTHER'S MAIDEN NAME <i>Lincy Garrett</i>		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) <i>No</i>			16. SOCIAL SECURITY NO. <i>Mr. William White</i>		

18. <i>446x</i> DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) <i>Nephrosclerosis</i>		CAUSE OF DEATH	INTERVAL BETWEEN ONSET AND DEATH
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. <i>Anasarca</i>			
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.			

19A. DATE OF OPERATION		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
21A. EXTERNAL CAUSE WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH.		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I certify that I took charge of the remains described above, held an <i>Partial Autopsy</i> thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: <i>natural causes</i> <input checked="" type="checkbox"/> , accident <input type="checkbox"/> , suicide <input type="checkbox"/> , homicide <input type="checkbox"/> , undetermined <input type="checkbox"/> .					

23A. SIGNATURE <i>William Upchurch</i>		23B. CHIEF MEDICAL EXAMINER <input type="checkbox"/> ASSISTANT MEDICAL EXAMINER <input checked="" type="checkbox"/> M.D.		23C. DATE SIGNED <i>3-28-53</i>	
24A. BURIAL, CREMATION, REMOVAL (Specify)		24B. DATE <i>Mar. 31, 1953</i>		24C. NAME OF CEMETERY OR CREMATORY <i>Arboretum Mem. Pk.</i>	
24D. LOCATION (City, town, or county) (State) <i>Baltimore Md.</i>		25. FUNERAL DIRECTOR <i>William Upchurch</i>		25. ADDRESS <i>1631 Laurel Hill Ave.</i>	
DATE RECEIVED BY LOCAL REGISTRAR <i>MAR 30 1953</i>		REGISTRAR'S SIGNATURE <i>Huntington Williams, M.D.</i>		25. ADDRESS <i>1631 Laurel Hill Ave.</i>	

MARGIN RESERVED FOR BINDING
PLEASE WRITE PROMPTLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

8712 62

10-1-1962

8712 62

10-1-1962

10-1-1962

10-1-1962

10-1-1962

10-1-1962

10-1-1962

10-1-1962

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

53 3180		BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH		53 3180 Registered No.	
BIRTH NO. 52,29734		1. NAME OF DECEASED (Type or Print) <i>Jefferson Marshall</i>		2. DATE OF DEATH <i>3-28-53</i>	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE <i>Maryland</i> B. COUNTY			
B. FULL NAME OF HOSPITAL OR INSTITUTION <i>Provident Hospital</i>		C. CITY OR TOWN (If outside corporate limits, write FULL and give township) <i>Baltimore</i>		<i>15-04</i>	
c. Length of stay in Baltimore Yrs. Mos. Days		D. STREET ADDRESS (If rural, give location) <i>2117 Herbert Street</i>			
5. SEX <i>Male</i>	6. COLOR OR RACE <i>Colored</i>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <i>Single</i>	8. DATE OF BIRTH <i>Dec. 10, 1952</i>	9. AGE (In years last birthday) <i>3</i>	10. Under 1 Year Months: Days <i>18</i>
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10B. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) <i>Baltimore, Maryland</i>		12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME <i>Robert Marshall</i>		14. MOTHER'S MAIDEN NAME <i>Mildred Baynam</i>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.	17. INFORMANT ADDRESS <i>Robert Marshall 2117 Herbert St.</i>		
18. <i>525X</i> DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) <i>Interstitial Pneumonia</i> DUE TO ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. DUE TO OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		CAUSE OF DEATH <i>Interstitial Pneumonia</i>		INTERVAL BETWEEN ONSET AND DEATH	
19A. DATE OF OPERATION		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
21A. EXTERNAL CAUSE WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH.		21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I certify that I took charge of the remains described above, held an <i>Partial Autopsy</i> thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: <i>natural causes</i> <input checked="" type="checkbox"/> accident <input type="checkbox"/> suicide <input type="checkbox"/> homicide <input type="checkbox"/> undetermined <input type="checkbox"/> .					
23A. SIGNATURE <i>William H. Phillips</i>		23B. CHIEF MEDICAL EXAMINER... <input type="checkbox"/> ASSISTANT MEDICAL EXAMINER... <input checked="" type="checkbox"/> M.D. MEDICAL INVESTIGATOR		23C. DATE SIGNED <i>3-28-53</i>	
24A. BURIAL, CREMATION, REMOVAL (Specify) <i>Burial</i>		24B. DATE <i>3/31/53</i>		24C. NAME OF CEMETERY OR CREMATORY <i>Murkin Cemetery, Maryland</i>	
24D. LOCATION (City, town, or county) (State) <i>Monroe St.</i>		25. FUNERAL DIRECTOR <i>Arlington S. Phillips</i>		ADDRESS <i>1808 N. Monroe St.</i>	
DATE RECEIVED BY LOCAL REGISTRAR <i>MAR 30 1953</i>		REGISTRAR'S SIGNATURE <i>Huntington Williams, M.D.</i>			
VS 151					

450
53 3181BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH53 3181
Registered No.

BIRTH NO.		1. NAME OF DECEASED (Type or Print) JOHN J. FLYNN		2. DATE OF DEATH 3-27-53.	
3. PLACE OF DEATH: A. Baltimore City, Maryland 3422 DILLON ST.		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE MD. B. COUNTY			
B. FULL NAME OF HOSPITAL OR INSTITUTION		C. CITY OR TOWN (If outside corporate limits, write "RURAL" and give township) BALTIMORE			
C. Length of stay in Baltimore		D. STREET ADDRESS (If rural, give location) 3422 DILLON ST.			
5. SEX MALE	6. COLOR OR RACE WHITE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) MARRIED	8. DATE OF BIRTH 3-21-1887	9. AGE (in years last birthday) 66	If Under 1 Year Months Days If Under 24 Hours Hours Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) HOUSE PAINTER		10B. KIND OF BUSINESS OR INDUSTRY SELF		11. BIRTHPLACE (State or foreign country) BALTIMORE, MD.	
12. CITIZEN OF WHAT COUNTRY? U.S.A.		13. FATHER'S NAME JAMES E. FLYNN			
14. MOTHER'S MAIDEN NAME MARY BOYLE		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) NO			
16. SOCIAL SECURITY NO. 212-013143		17. INFORMANT ADDRESS JENNIE FLYNN 3422 DILLON ST.			
18. 241 X DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) Anterior wall M.I. C.V. Disease DUE TO Chronic Bronchial Asthma DUE TO Myocardial Failure DUE TO 3-21-53		INTERVAL BETWEEN ONSET AND DEATH Aug 1943			
19. DATE OF OPERATION None		19B. MAJOR FINDINGS OF OPERATION None			
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH None			
21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) None		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location) None			
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY None		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> AT HOME <input type="checkbox"/> WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR? None	
22. I hereby certify that I attended the deceased from Aug 1943 , to Mar 27, 1953 , that I last saw the deceased alive on Mar 25, 1953 , and that death occurred at 10:00 P.m. , from the causes and on the date stated above.					
23A. SIGNATURE E. A. Schumacher		23B. ADDRESS 842 S East Ave		23C. DATE SIGNED 3-30-53	
24A. BURIAL, CREMATION, REMOVAL (Specify) BURIAL		24B. DATE 3-31-53		24C. NAME OF CEMETERY OR CREMATORY SACRED HEART CEM.	
24D. LOCATION (City, town, or county) (State) 7401 GERMAN HILL RD, MD.		25. FUNERAL DIRECTOR Huntington Williams, Charles S. Geiler			
25. ADDRESS 901 S. CONKLING ST.		VS 150 56424			

MEDICAL CERTIFICATION

1911

27

DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

AND

CAUSE

OF

DEATH

IN

THE

CITY

OF

NEW

YORK

STATE

OF

NEW

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CITY

OF

NEW

YORK

STATE

OF

NEW

YORK

H-655

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 53 3182

BIRTH NO. 53 3182

1. NAME OF DECEASED
(Type or Print)

CHARLES HARMON

2. DATE
OF
DEATH

3-30-53

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived, if institution: residence
A. STATE B. COUNTY before admission)

MARYLAND

Wicomico

B. FULL NAME OF
HOSPITAL OR
INSTITUTION (If not in hospital or institution, give street address or
location)

UNIV. HOSP -

C. CITY OR TOWN (If outside corporate limits, write RURAL and give
township)

SALISBURY

C. Length of stay in Baltimore

Yrs.
Mos.
Days

D. STREET ADDRESS (If rural, give location)

408 E. MAIN ST.

7212

5. SEX

M

6. COLOR OR RACE

C

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

Single

8. DATE OF BIRTH

4-16-21

9. AGE (In years
last birthday)

31

If Under 1 Year
Months: DaysIf Under 24 Hours
Hours: Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)10B. KIND OF BUSINESS OR
INDUSTRY

11. BIRTHPLACE (State or foreign country)

Va.

12. CITIZEN OF
WHAT COUNTRY?

U.S.A.

13. FATHER'S NAME

John H. Harmon

14. MOTHER'S MAIDEN NAME

Lena Mills

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)

No

16. SOCIAL
SECURITY NO.

None

17. INFORMANT

ADDRESS

✓

18. 340.3

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH(This does not mean the mode of dying, e. g.,
heart failure, asthma, etc. It means the disease,
injury or complication which caused death.)

(A)

Pseudomonas Pocyanea meningitis

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B)

Post-craniotomy complication infection

DUE TO

(C)

II
OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONITION CAUSING IT.

19A. DATE OF OPERATION

3-14-53

19B. MAJOR FINDINGS OF OPERATION.

Negative exploration

20. AUTOPSY?

YES ☐ NO ☒21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour)
INJURY

21E. INJURY OCCURRED

m.

WHILE AT
WORK ☐NOT WHILE
AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 3-13, 1953, to 3-30, 1953, that I last saw the
deceased alive on 3-29-53, 1953, and that death occurred at 3:30 A. M., from the causes and on the date stated above.

23A. SIGNATURE

John W. Loope, Jr.

M. O.

23B. ADDRESS

Univ. Hospital

23C. DATE SIGNED

3-30-53

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

24B. DATE

4-3-53

24C. NAME OF CEMETERY OR CREMATORY

Buxton cem.

24D. LOCATION (City, town, or county)

Keller, Va.

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

Huntington Williams, M.D.

25. FUNERAL DIRECTOR

ADDRESS

Samuel W. Sullivan

1011 N. Arlington Ave.
Baltimore, Md.

2185

DEPARTMENT OF HEALTH
CITY OF CHICAGO

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CITY OF CHICAGO

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CITY OF CHICAGO

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DEPARTMENT OF HEALTH
CITY OF CHICAGO

1918

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200
3 3183BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 53 3183

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Jo Anne Back

2. DATE
OF
DEATH

3/30/53

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF
HOSPITAL OR
INSTITUTION (If not in hospital or institution, give street address or location)

University Hospital

C. Length of stay in Baltimore

50 Days

4. USUAL RESIDENCE (Where deceased lived, If institution: residence before admission)

A. STATE

Md.

B. COUNTY

Barnell

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Mt. Airy

D. STREET ADDRESS (If rural, give location)

Route 5

5600

5. SEX

Female

6. COLOR OR RACE

White

7. SINGLE, (MARRIED),
WIDOWED, DIVORCED (Specify)

MARRIED

8. DATE OF BIRTH

5/7/30

9. AGE (In years
last birthday)

22

10. Under 1 Year
Months: Days11. Under 24 Hours
Hours: Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

at home

10B. KIND OF BUSINESS OR
INDUSTRY

11. BIRTHPLACE (State or foreign country)

Ohio

12. CITIZEN OF
WHAT COUNTRY?

13. FATHER'S NAME

Earl Koontz

14. MOTHER'S MAIDEN NAME

Unknown

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)16. SOCIAL
SECURITY NO.

17. INFORMANT

ADDRESS

Mr. Carl F. Back-Mt. Airy, Md.

18. 237x

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A) Hypostatic Pneumonitis, bilateral

2 days

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.(B) Post-operative Craniotomy, and Right Frontal
Partial Lobectomy

39 days

(C) Brain tumor, unidentified

9 years

II

OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

2/20 + 2/21/53

19B. MAJOR FINDINGS OF OPERATION

Brain tumor, unidentified, inoperable

20. AUTOPSY?

YES ☒ NO ☐21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR? (If in Baltimore City, give exact location)21D. TIME (Month) (Day) (Year) (Hour)
INJURY

21E. INJURY OCCURRED

WHILE AT WORK ☐ NOT WHILE
AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 2/9/53, 19__, to 3/30/53, 19__, that I last saw the
deceased alive on 3/30/53, 19__, and that death occurred at 6⁴⁵ A. m., from the causes and on the date stated above.

23A. SIGNATURE

George H. Smith

M. D.

23B. ADDRESS

University Hospital

23C. DATE SIGNED

3/30/53

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

Removal

24B. DATE

3/30/53

24C. NAME OF CEMETERY OR CREMATORY

West Elkton Cem.

24D. LOCATION (City, town, or county)

Middletown, Ohio

(State)

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

MAR 30 1953

Huntington Williams, 152 Elm. J. Pickner & Sons

VS 150

Buck 17, Md.

MEDICAL CERTIFICATION

53 3184

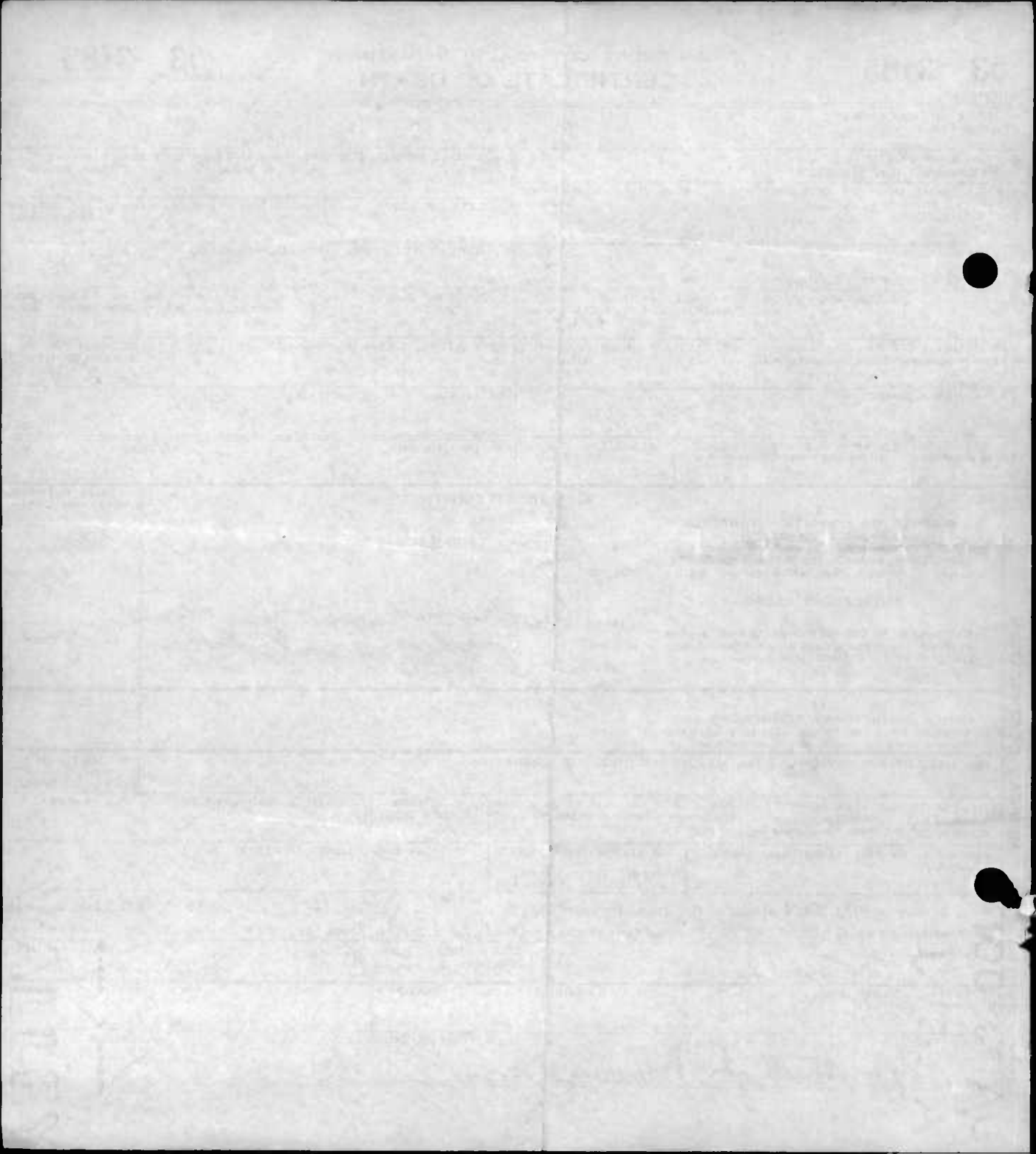
BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH53 3184
Registered No.

BIRTH NO.			1. NAME OF DECEASED (Type or Print)			2. DATE OF DEATH		
			EARL J. WILLIAMS			March 27, 1953		
3. PLACE OF DEATH:			4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)					
A. Baltimore City, Maryland			Baltol City			A. STATE Maryland		
B. FULL NAME OF HOSPITAL OR INSTITUTION			(If not in hospital or institution, give street address or location)			B. COUNTY		
Franklin Square Hospital						C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)		
						Baltimore		
c. Length of stay in Baltimore			D. STREET ADDRESS (If rural, give location)					
20 Yrs.			621 George Street					
5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	If Under 1 Year	If Under 24 Hours		
Male	Colored	Sep.	July-12-21	31	Months	Days	Hours	Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)			10B. KIND OF BUSINESS OR INDUSTRY			11. BIRTHPLACE (State or foreign country)		
Laborer			In General			Richmond Virginia		
12. CITIZEN OF WHAT COUNTRY?			13. FATHER'S NAME			14. MOTHER'S MAIDEN NAME		
U.S.A.			John Williams			Amanda Winston		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown)			16. SOCIAL SECURITY NO.			17. INFORMANT ADDRESS		
Yes War # 2						Amanda Williams 1925 Pulaski St		
18. 002X			CAUSE OF DEATH			INTERVAL BETWEEN ONSET AND DEATH		
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)			(A) Pulmonary tuberculosis					
ANTECEDENT CAUSES			(B)					
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.			DUE TO					
(C)								
II								
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.								
19A. DATE OF OPERATION			19B. MAJOR FINDINGS OF OPERATION			20. AUTOPSY?		
						YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>		
21A. EXTERNAL CAUSE WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH.			21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)			21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)		
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY			21E. INJURY OCCURRED WHILE AT <input type="checkbox"/> WORK NOT WHILE <input type="checkbox"/> AT WORK			21F. HOW DID INJURY OCCUR?		
22. I certify that I took charge of the remains described above, held an partial autopsy thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes <input checked="" type="checkbox"/> , accident <input type="checkbox"/> , suicide <input type="checkbox"/> , homicide <input type="checkbox"/> , undetermined <input type="checkbox"/> .								
23A. SIGNATURE			23B. CHIEF MEDICAL EXAMINER <input checked="" type="checkbox"/> ASSISTANT MEDICAL EXAMINER <input type="checkbox"/> MEDICAL INVESTIGATOR <input type="checkbox"/>			23C. DATE SIGNED		
B. Fisher			M.D.			March 27, 1953		
24A. BURIAL, CREMATION, REMOVAL (Specify)			24B. DATE			24C. NAME OF CEMETERY OR CREMATORY		
Burial			3/31/53			Baltimore Nat. Baltimore		
24D. LOCATION (City, town, or county) (State)			24E. FUNERAL DIRECTOR			24F. ADDRESS		
Baltimore			Thurston Williams, M.D.			O. Wilson 1000 Beauty		
DATE RECEIVED BY LOCAL REGISTRAR			REGISTRAR'S SIGNATURE			25. ADDRESS		
MAR 31 1953			Thurston Williams, M.D.					
VS 151			97099					

6920
53 3185Burruss
BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 53 3185

BIRTH NO.		1. NAME OF DECEASED (Type or Print) <i>Mary E. Burruss</i>		2. DATE OF DEATH <i>3/30/53</i>	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE <i>MD.</i> B. COUNTY			
5. FULL NAME OF HOSPITAL OR INSTITUTION <i>5910 Yorkwood Rd</i>		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <i>Baltimore 27-38</i>			
6. Length of stay in Baltimore <i>Life</i>		D. STREET ADDRESS (If rural, give location) <i>5910 Yorkwood Rd</i>			
7. SEX <i>Female</i>	8. COLOR OR RACE <i>White</i>	9. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <i>Widowed</i>	10. DATE OF BIRTH <i>Sept 20, 1881</i>	11. AGE (in years last birthday) <i>71</i>	12. CITIZEN OF WHAT COUNTRY? <i>U S A</i>
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>house work</i>		10B. KIND OF BUSINESS OR INDUSTRY <i>at home</i>		13. BIRTHPLACE (State or foreign country) <i>Baltimore, Md.</i>	
13. DECEASED'S NAME <i>George Reynolds</i>		14. MOTHER'S MAIDEN NAME <i>Rosa E. Fresh</i>		15. INFORMANT <i>Mrs Charles O. Fresh</i>	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)		16. SOCIAL SECURITY NO.		ADDRESS <i>5910 Yorkwood Rd</i>	
18. <i>443X</i> DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthma, etc. It means the disease, injury or complication which caused death.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.		CAUSE OF DEATH (A) <i>Coronary thrombosis</i> DUE TO (B) <i>Arteriosclerotic Hypertension</i> DUE TO <i>Cardiovascular disease</i> (C)		INTERVAL BETWEEN ONSET AND DEATH <i>3 days</i> <i>5 yrs.</i>	
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.					
19A. DATE OF OPERATION <i>0</i>		19B. MAJOR FINDINGS OF OPERATION			20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED m. WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from <i>Sept. 26</i> , 19 <i>52</i> , to <i>Mar. 30</i> , 19 <i>53</i> , that I last saw the deceased alive on <i>Mar. 30</i> , 19 <i>53</i> , and that death occurred at <i>2:30 p.m.</i> , from the causes and on the date stated above.					
23A. SIGNATURE <i>Leo J. [illegible]</i>		23B. ADDRESS <i>6001 Lark Karen Blvd</i>		23C. DATE SIGNED <i>3/30/53</i>	
24A. BURIAL, CREMATION, REMOVAL (Specify) <i>Burial</i>		24B. DATE <i>4/2/53</i>		24C. NAME OF CEMETERY OR CREMATORY <i>Landon Park Cem</i>	
24D. LOCATION (City, town, or county) <i>3801 Redwood Ave</i>		(State)			
DATE RECEIVED BY LOCAL REGISTRAR <i>MAR 31 1953</i>		REGISTRAR'S SIGNATURE <i>Huntington Williams, M.D.</i>		25. FUNERAL DIRECTOR <i>Lowell [illegible]</i>	
				ADDRESS <i>Baltimore</i>	



**BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH**

53 3186
Registered No. _____

53 3186
BIRTH NO. _____

1. NAME OF DECEASED (Type or Print) ROBERT BLIZZARD DAVIDSON			2. DATE OF DEATH Mar. 27, 1953		
3. PLACE OF DEATH: A. Baltimore City, Maryland			4. USUAL RESIDENCE (Where deceased lived, If institution: residence before admission) A. STATE Delaware B. COUNTY V-07		
B. FULL NAME OF HOSPITAL OR INSTITUTION US Public Health Service Hospital Wyman Pk. Drive & 1st St.			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Marshallton		
c. Length of stay in Baltimore 76 days			D. STREET ADDRESS (If rural, give location)		
5. SEX M	6. COLOR OR RACE W	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Widower	8. DATE OF BIRTH 2/26/79		9. AGE (In years last birthday) 74
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired		10B. KIND OF BUSINESS OR INDUSTRY Lighthouse keeper	11. BIRTHPLACE (State or foreign country) Del.		12. CITIZEN OF WHAT COUNTRY? USA
13. FATHER'S NAME Wm. Ed. Davidson			14. MOTHER'S MAIDEN NAME Martha Muncey		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) ?		16. SOCIAL SECURITY NO. ?	17. INFORMANT ADDRESS Records- US PHS Hospital, Balto, Md.		

18. 177x DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthma, etc. It means the disease, injury or complication which caused death.) Carcinoma prostate with wide-spread metastases.		INTERVAL BETWEEN ONSET AND DEATH 1 yr.
(A) DUE TO		
(B) DUE TO		
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. (C)		
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		

19A. DATE OF OPERATION ✓		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH <input type="checkbox"/>		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from Jan. 10, 1953 , to Mar. 27, 1953 , that I last saw the deceased alive on Mar. 27, 1953 and that death occurred at 1:15P m., from the causes and on the date stated above.					
23A. SIGNATURE D.W. Patrick, Medical Officer in Charge		23B. ADDRESS US PHS Hospital, Balto, Md.		23C. DATE SIGNED 3/27/53	
24A. BURIAL, CREMATION, REMOVAL (Specify) Burial	24B. DATE 3/30/53	24C. NAME OF CEMETERY OR CREMATORY Old Drawyers		24D. LOCATION (City, town, or county) (State) Odessa - Delaware	
DATE RECEIVED BY LOCAL REGISTRAR MAR 31 1953		REGISTRAR'S SIGNATURE Huntington Williams, M.D.		FUNERAL DIRECTOR ADDRESS J. Lester Daniels Middletown, Del	

-620

53 3187

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 53 3187

BIRTH NO.		1. NAME OF DECEASED (Type or Print) <i>Bertha P. Gross</i>		2. DATE OF DEATH <i>3-28-53</i>	
3. PLACE OF DEATH: A. Baltimore City, Maryland <i>Baltimore Md</i>		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE <i>837</i> B. COUNTY <i>Harlem Ave</i>			
B. FULL NAME OF HOSPITAL OR INSTITUTION <i>837 Harlem Ave</i>		C. CITY OR TOWN <i>Baltimore</i> (If outside corporate limits, write RURAL, and give township)			
C. Length of stay in Baltimore <i>Life time</i>		D. STREET ADDRESS (If rural, give location) <i>837 Harlem Ave</i>			
5. SEX <i>Female</i>	6. COLOR OR RACE <i>Colored</i>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <i>Married</i>	8. DATE OF BIRTH <i>Dec-4-1891</i>	9. AGE (In years last birthday) <i>62</i>	If Under 1 Year Months: Days If Under 24 Hours Hours: Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>Housewife</i>		10B. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) <i>Baltimore Md</i>	12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME <i>Solomon Waters</i>		14. MOTHER'S MAIDEN NAME <i>Ida White</i>		17. INFORMANT ADDRESS <i>Harry Waters 1516 Piquette Pl.</i>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown)		16. SOCIAL SECURITY NO.		18. <i>420.1</i> CAUSE OF DEATH <i>Coronary Occlusion</i>	
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)		(A) DUE TO			
ANTECEDENT CAUSES		(B) DUE TO			
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.		(C) DUE TO			
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.					
19A. DATE OF OPERATION <i>0</i>		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH <input type="checkbox"/>		21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) INJURY		21E. INJURY OCCURRED WHILE AT <input type="checkbox"/> WORK NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from <i>July 1952</i> to <i>March 28 1953</i> , that I last saw the deceased alive on <i>March 28 1953</i> , and that death occurred at <i>11:45 p.m.</i> , from the causes and on the date stated above.					
23A. SIGNATURE <i>Thomas D. Skidmore</i>		23B. ADDRESS <i>703 W. Lafayette Ave.</i>		23C. DATE SIGNED <i>3-30-53</i>	
24A. BURIAL, CREMATION, REMOVAL (Specify) <i>Burial</i>		24B. DATE <i>April 1-1953</i>		24C. NAME OF CEMETERY OR CREMATORY <i>Art. Zion Cemetery</i>	
24D. LOCATION (City, town, or county) <i>Baltimore Md</i>		24E. DATE RECEIVED BY LOCAL REGISTRAR <i>MAR 31 1953</i>		24F. REGISTRAR'S SIGNATURE <i>Huntington Williams</i>	
25. FUNERAL DIRECTOR <i>Brooks Ruggold</i>		ADDRESS <i>1463 N. Carey St</i>			

MEDICAL CERTIFICATION

**BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH**

Registered No. **3188**

1. PLACE OF DEATH:

(a) Baltimore City, Maryland

(b) Street address

(c) Hospital or institution:

Kernan Hospital for Crippled Children

(d) Length of stay in hospital or inst. (yrs., mos., or days) **90 DAYS**

(e) Length of stay in Baltimore (yrs., mos., or days) **94 DAYS**

2. USUAL RESIDENCE OF DECEASED: Howard

(a) State **M.D.** (b) County **ANNAPOLIS**

(c) City or town **ELICOTT, CITY**
(If outside city or town limits, write RURAL and give town)

(d) Street No. **Old Frederick Road**
(If rural give location)

(e) Citizen of foreign country? **600** (Yes or No)
If yes, name country

3 (a) FULL NAME

SUSAN ELLEN GOSNELL

3 (b) If veteran, name war

No

3 (c) Social Security Account

No.

None

4. Sex

F

5. Color or race

W

6 (a) Single, married, widowed, or divorced

SINGLE

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.)

12-26-52

8. AGE: Years Months Days If less than one day

94

hr. min.

9. Birthplace

BALTIMORE, M.D.

(Town, county, and state)

10. Usual Occupation

11. Industry or business

None

12. Name

KENNETH GOSNELL

13. Birthplace

Savage Md.

14. Maiden Name

ELLEN KIRWIN

15. Birthplace

Seebury Virginia

16 (a) Informant

Kenneth Gosnell

(b) Address

Ellicott City, Md.

17 (a) Burial

(Burial, cremation, or removal)

(b) Date thereof **4-1-53**

(month) (day) (year)

(c) Cemetery or crematory

Good Shepherd

Location **Ellicott City, Md**

18 (a) Funeral director

F. C. Higinbotham

(b) Address

Ellicott City, Md.

19 (a) **MAR 31 1953**

(Date rec'd by registrar)

Robert J. Williams, M.D.

Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH **March 30** 19 **53**, at **8:45 P.M.**

21. I certify that death occurred on the date above stated; that I attended deceased from **DEC 30** 19 **52**, to **MARCH 30** 19 **53** and that I last saw **HER** alive on **MARCH 30** 19 **53**.

Immediate cause of death **INCREASED INTRACRANIAL PRESSURE DUE TO CONGENITAL ANOMOLY OF SPINE**

Due to **CACHEXIA**

Due to

Other Conditions **SPINA BIFIDA**

(Include pregnancy within 3 months of death)
Date of operation **JAN 28 1953**

Major findings of operation: **DRAINING MYELOMENINGOCOELE**

of autopsy: **NONE PERFORMED**

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide

(b) Date of occurrence at M

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)

(e) Means of injury

23. Signature **Robert J. Strang MD**

Address **Kernan Hospital** Date signed **3-30-53**

INSTRUCTIONS FOR MEDICAL CERTIFICATION

WHAT IS A "CAUSE OF DEATH"?

For the death certificate, a cause-of-death statement should involve only those disease entities which have contributed to the death. Symptoms or findings are not wanted except as they are needed in determining the underlying cause of death.

DEFINITION OF IMMEDIATE CAUSE OF DEATH:

The last of a series of disease entities which contribute to a death will be known as the immediate cause of death. When there is only one disease entity present, this becomes the immediate cause of death.

DEFINITION OF UNDERLYING CAUSE OF DEATH:

The disease entity which initiates the series of disease entities resulting in death will be known as the underlying cause of death. When there is only one disease entity present, the underlying cause of death and the immediate cause of death are considered to be identical. The underlying cause of death should be written in the space following the words *due to* and should be stated in reverse order of occurrence from the immediate cause of death.

If there is more than one cause contributing to the death, the physician is expected to underline that particular ONE

cause to which, in his opinion, the death should be charged for purpose of statistical tabulation.

DEFINITION OF OTHER CONDITIONS:

Other conditions, existing coincidentally, which might have contributed to the risk of dying, but are not related to any clear-cut manner to the immediate or underlying cause of death, should be given under this item. Pregnancy within 3 months of death should be included because so many times causes of maternal death are missed unless this information is noted.

If operation or autopsy findings exist, the physician is requested to list the major conditions which have weight in deciding the underlying cause to which the death should be charged statistically.

For additional discussion of this subject see **PHYSICIANS' HAND-BOOK ON BIRTH AND DEATH REGISTRATION** issued by the U. S. Bureau of the Census. A copy of this booklet may be secured from the Baltimore City Health Department.

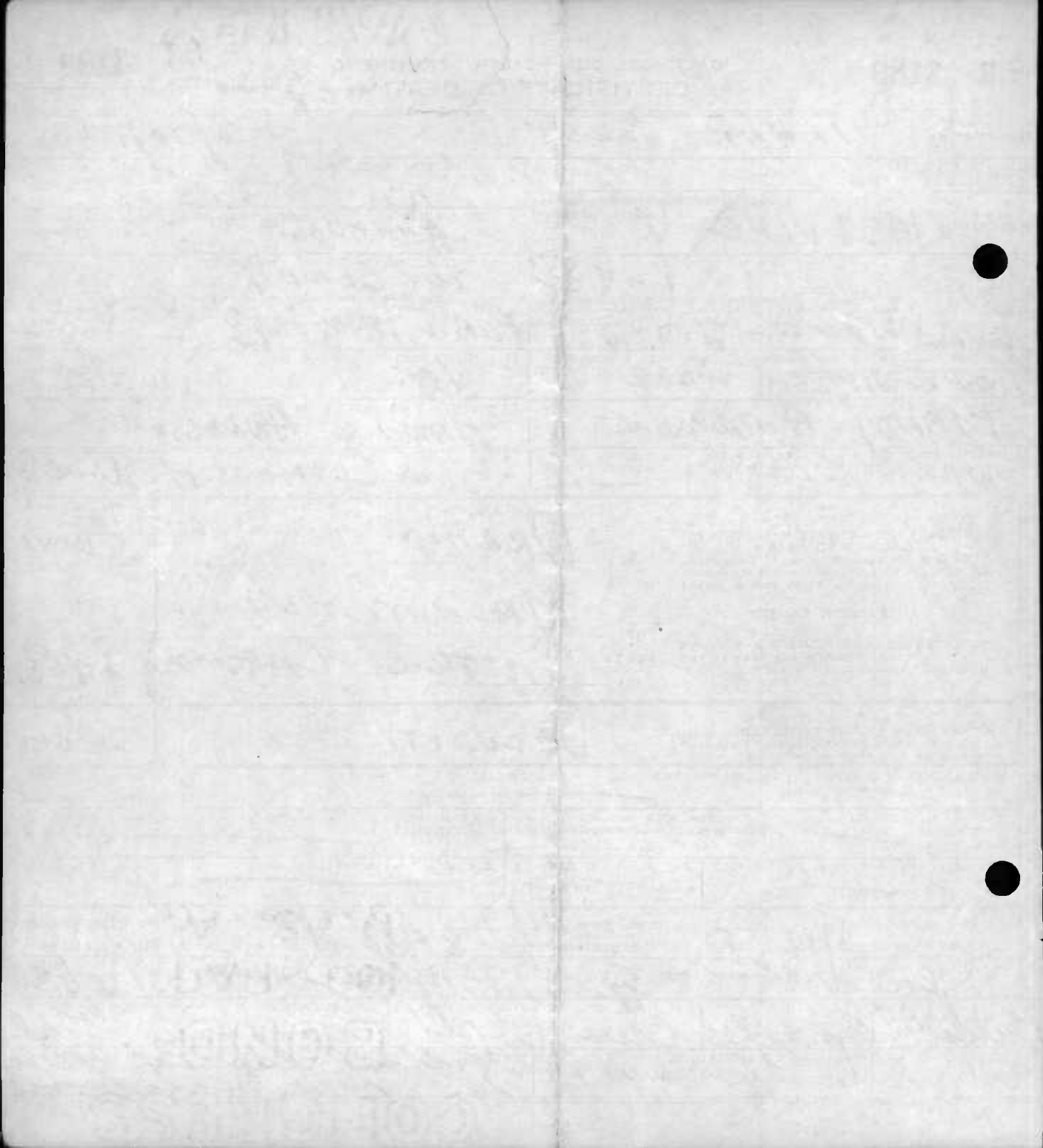
-430
53 3189BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH53³ 3189
Registered No.

BIRTH NO.

1. NAME OF DECEASED (Type or Print) NANNIE BELT		2. DATE OF DEATH 3/30/53	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived, if institution: residence before admission) A. STATE MD. B. COUNTY Anne Arundel	
B. FULL NAME OF (If not in hospital or institution, give street address or location) 1938 VINE ST.		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) ANNAPOLIS	
C. Length of stay in Baltimore 1-48 Yrs. Mos. Days		D. STREET ADDRESS (If rural, give location) 204 CLAY ST. 5210	
5. SEX FEMALE	6. COLOR OR RACE NEGRO	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) WIDOW	8. DATE OF BIRTH FEB. 2, 1890
10A. USUAL OCCUPATION (Give kind of work done during most of working life, or if retired) HOUSE-WIFE		10B. KIND OF BUSINESS OR INDUSTRY HOME	9. AGE (In years last birthday) 73
11. BIRTHPLACE (State or foreign country) VA.		12. CITIZEN OF WHAT COUNTRY? USA	
13. FATHER'S NAME MANDY ANDERSON		14. MOTHER'S MAIDEN NAME NANNIE ANDERSON	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) NO		16. SOCIAL SECURITY NO.	
17. INFORMANT JULIA CLEMONS-1938 U. N. E. H.		ADDRESS	

18. 151X DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) UREMIA	CAUSE OF DEATH UREMIA	INTERVAL BETWEEN ONSET AND DEATH 5 DAYS
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. MALE NUTRITION	(A) DUE TO (B) DUE TO (C) DUE TO GASTRIC CARCINOMA	2 YRS.
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. DECURITI		2 WKS

19A. DATE OF OPERATION 0		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH		21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
22. TIME (Month) (Day) (Year) (Hour) 11/9		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?
22. I hereby certify that I attended the deceased from 11/9 , 19 52 , to 3/30 , 19 53 , that I last saw the deceased alive on 3/30 , 19 53 , and that death occurred at 3 P. M. , from the causes and on the date stated above.				
23A. SIGNATURE Joseph Williams Jr.		23B. ADDRESS 1113 N. CAROLINE ST.		23C. DATE SIGNED 3/30/53
24A. BURIAL, CREMATION, REMOVAL (Specify) Burial		24B. DATE Apr. 3, 1953		24C. NAME OF CEMETERY OR CREMATORY Brewer Hill
24D. LOCATION (City, town, or county) (State) Annapolis, Md.		24E. NAME OF REGISTRAR Huntington Williams, Jr.		24F. ADDRESS 1631 Druid Hill Ave.



BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH53 3190
Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Raymond A. Young

2. DATE
OF
DEATH

3-28-53

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived, If institution: residence
before admission)

A. STATE

B. COUNTY

Maryland

B. FULL NAME OF (not in hospital or institution, give street address or
HOSPITAL OR location)
INSTITUTION

422 E. Leuvalc St

C. CITY OR TOWN (If outside corporate limits, write RURAL and give
township)

Baltimore

D. STREET ADDRESS (If rural, give location)

518 - E - 20th Street

c. Length of stay in Baltimore

years

Yrs.
Mos.
Days

5. SEX

male

6. COLOR OR RACE

Colored

7. SINGLE, MARRIED,

WIDOWED, DIVORCED (Specify)

married

8. DATE OF BIRTH

Jan. 10, 1912

9. AGE (in years
last birthday)

41

If Under 1 Year
Months: DaysIf Under 24 Hours
Hours: Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

Laborer

10B. KIND OF BUSINESS OR
INDUSTRY

City

11. BIRTHPLACE (State or foreign country)

Georgia

12. CITIZEN OF
WHAT COUNTRY?

U.S.A.

13. FATHER'S NAME

Unknown

14. MOTHER'S MARDEN NAME

Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)

no.

16. SOCIAL
SECURITY NO.

257-05-8225

17. INFORMANT

ADDRESS

Mamie Young - 625 - N. Saratoga St.

18. 322.0

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A)

DUE TO

Acute Rheobtem

ANTECEDENT CAUSES

(B)

DUE TO

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(C)

II
OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒21A. EXTERNAL CAUSE WAS
UNDERLYING ☐ OR CONTRIB-
UTING ☐ CAUSE OF DEATH.21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR? (If in Baltimore City, give exact location)21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY21E. INJURY OCCURRED
WHILE AT ☐ NOT WHILE
WORK AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I certify that I took charge of the remains described above, held an Inspection thereon and from
Autopsy, Inspection or Inquiry
the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above,
and death in my opinion resulted from: natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐.

23A. SIGNATURE

William W. W. W.

23B. CHIEF MEDICAL EXAMINER.....
ASSISTANT MEDICAL EXAMINER.....
M.D. MEDICAL INVESTIGATOR.....23C. DATE SIGNED
3-28-5324A. BURIAL, CREMA-
TION, REMOVAL (Specify)

Burial

24B. DATE

4/3/53

24C. NAME OF CEMETERY OR CREMATORY

Mt. Auburn

24D. LOCATION (City, town, or county)

Maryland

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

Funerary William W. W.

25. FUNERAL DIRECTOR

A. Halstead - 918 - Quind Hill

ADDRESS

A. Halstead - 918 - Quind Hill

1018

1018

1018

1018

1018

-643
53 3191BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. _____

53 3191

BIRTH NO. _____

1. NAME OF DECEASED
(Type or Print)

Marion A. Sauerwald

2. DATE
OF
DEATH

3/29/53

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF
HOSPITAL OR
INSTITUTION

1401 Poplar Grove St.

Yrs.
Mos.
Days

C. Length of stay in Baltimore

Life

5. SEX

6. COLOR OR RACE

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

8. DATE OF BIRTH

9. AGE (in years
last birthday)If Under 1 Year
Months: Days
If Under 24 Hours
Hours: Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

None

10B. KIND OF BUSINESS OR
INDUSTRY

None

13. FATHER'S NAME

?

Lackey

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown)

NO

(If yes, give war or dates of service)

NO

16. SOCIAL
SECURITY NO.

R12-05-3447D

17. INFORMANT

ADDRESS

Anthony Serra 5022 Pilgrim Rd. 14

18. 420.1 I

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)(A)
DUE TOAcute Pulmonary Edema
Compensatory Arterial Disease1 hour
1 year

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.(B)
DUE TO
(C)

II

OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour)
INJURY

21E. INJURY OCCURRED

m.

WHILE AT
WORK ☐NOT WHILE
AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 3-29, 1953 to 3-29, 1953, that I last saw the
deceased alive on 3-29, 1953, and that death occurred at 8:30 A.M., from the causes and on the date stated above.

23A. SIGNATURE

23B. ADDRESS

23C. DATE SIGNED

M. D.

1201 Poplar Grove St

3-30-53

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

Burial

24B. DATE

4/1/53

24C. NAME OF CEMETERY OR CREMATORY

Lorraine Park

24D. LOCATION (City, town, or county)

Woodlawn Md.

(State)

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

MAR 31 1953

Huntington Williams, M.D.

J. T. Stansbury 2700 Edmondson Ave.

CERTIFICATE OF DEATH

JOHN A. JENNINGS

AGE

AND HIS PLACE OF BIRTH

DATE OF DEATH

PLACE OF DEATH

CAUSE OF DEATH

DATE OF BURIAL

PLACE OF BURIAL

NAME OF MINISTER

NAME OF FUNERAL HOME

NAME OF CEMETERY

NAME OF INTERVIEWER

NAME OF WITNESS

53 3192

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH53 3192
Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

John Walter Hoover

2. DATE OF DEATH
3/29/53 11¹⁵ a.m.

3. PLACE OF DEATH:

a. Baltimore City, Maryland

b. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR INSTITUTE

3808 Delverne Ave

4. USUAL RESIDENCE (Where deceased lived, If institution: residence before admission)
a. STATE b. COUNTY

Md

c. CITY OR TOWN (If outside corporate limits, write RURAL and give township)
Balto 9-03d. STREET ADDRESS (If rural, give location)
3808 Delverne Ave

c. Length of stay in Baltimore

Yrs.
Mos.
Days

5. SEX

Male

6. COLOR OR RACE

White

7. SINGLE, MARRIED,

WIDOWED, DIVORCED (Specify)

Married

8. DATE OF BIRTH

5/22/1879

9. AGE (In years last birthday)

73

If Under 1 Year Months: Days If Under 24 Hours Hours: Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Retired

10b. KIND OF BUSINESS OR INDUSTRY

Gas & Electric Co.

11. BIRTHPLACE (State or foreign country)

Balto. Md.

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME

George Hoover

14. MOTHER'S MAIDEN NAME

Ellen Jane Nazien

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)

No

16. SOCIAL SECURITY NO.

17. INFORMANT ADDRESS
Grace E. Hoover Delverne Rd

18. 422.1

CAUSE OF DEATH

INTERVAL BETWEEN ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Myocardial Degeneration

1 yr

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B) Arteriosclerosis

8 yrs

(C)

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19a. DATE OF OPERATION 0

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?
YES ☐ NO ☐

21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH

21b. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21c. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21d. TIME (Month) (Day) (Year) (Hour) INJURY

21e. INJURY OCCURRED WHILE AT ☐ WORK NOT WHILE ☐ AT WORK

21f. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from June 1, 1947, to 1947-3-29th, that I last saw the deceased alive on 3-28-53, and that death occurred at 10 A m., from the causes and on the date stated above.

23a. SIGNATURE

+ W. Hermann

23b. ADDRESS

1710 E. 33rd St

23c. DATE SIGNED

3/20/53

M. D.

24a. BURIAL, CREMATION, REMOVAL (Specify)

24b. DATE

4/1/53

24c. NAME OF CEMETERY OR CREMATORY

Parkwood

24d. LOCATION (City, town, or county) (State)

Parkville Md.

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

Thurston Williams, M.D. - Cook, Inc. 1217 St. Paul St.

25. FUNERAL DIRECTOR ADDRESS

ADDRESS

250

53 3193

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

53 3193

Registered No.

1. NAME OF DECEASED (Type or Print) Minerva H. Eason		2. DATE OF DEATH March 28, 1953	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Maryland B. COUNTY	
B. FULL NAME OF HOSPITAL OR INSTITUTION 2123 E. Baltimore Street		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore	
c. Length of stay in Baltimore Yrs. Mos. Days		D. STREET ADDRESS (If rural, give location) 2123 E. Baltimore Street	
5. SEX female	6. COLOR OR RACE white	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) widowed	8. DATE OF BIRTH July, 1895
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Ret. Lab. Utility Work		10B. KIND OF BUSINESS OR INDUSTRY Lever Bros.	9. AGE (In years last birthday) 57
13. FATHER'S NAME Albert Biebel		12. CITIZEN OF WHAT COUNTRY? U. S. A.	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)		14. MOTHER'S MAIDEN NAME ?	
16. SOCIAL SECURITY NO. 217-01-2112		17. INFORMANT ADDRESS Anthony D. Craig, 115 Broadway, N. Y.	
18. 155X DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) DUE TO ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		CAUSE OF DEATH (A) Carcinoma of Gall Bladder + Bile Ducts with metastases to liver. (B) — (C) — INTERVAL BETWEEN ONSET AND DEATH about 6 mo.	
19A. DATE OF OPERATION Oct. 14, 52		19B. MAJOR FINDINGS OF OPERATION Inoperable Carcinoma of Gall Bl. + Ducts	
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	
21C. WHERE DID INJURY OCCUR?		21D. HOW DID INJURY OCCUR?	
21E. INJURY OCCURRED WHILE AT WORK NOT WHILE AT WORK		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from 10/1/1952 to 3/28/1953 that I last saw the deceased alive on 3/28/1953, and that death occurred at 11 A. m., from the causes and on the date stated above.			
23A. SIGNATURE Theodore H. Morrison M. O.		23B. ADDRESS 11 E. Chase St	
23C. DATE SIGNED 3/30/53		23D. ADDRESS	
24A. BURIAL, CREMATION, REMOVAL (Specify) burial		24B. DATE 3/31/53	
24C. NAME OF CEMETERY OR CREMATORY St. Paul's Cemetery		24D. LOCATION (City, town, or county) (State) Baltimore, Maryland	
DATE RECEIVED BY LOCAL REGISTRAR MAR 31 1953		REGISTRAR'S SIGNATURE Huntington Williams, M.D.	
25. FUNERAL DIRECTOR 21m. Cook, Inc.		ADDRESS 1217 St. Paul Street	

9704R

MEDICAL CERTIFICATION

STATE OF NEW YORK
 DEPARTMENT OF HEALTH
 BUREAU OF VITAL STATISTICS
 CERTIFICATE OF DEATH

NAME OF DECEASED [Faint handwritten name]		SEX [Faint handwritten sex]		AGE [Faint handwritten age]	
DATE OF DEATH [Faint handwritten date]		TIME OF DEATH [Faint handwritten time]		PLACE OF DEATH [Faint handwritten place]	
CAUSE OF DEATH [Faint handwritten cause]		MANNER OF DEATH [Faint handwritten manner]		PLACE OF BIRTH [Faint handwritten place]	
OCCUPATION [Faint handwritten occupation]		MARITAL STATUS [Faint handwritten status]		COLOR [Faint handwritten color]	
EDUCATION [Faint handwritten education]		RELIGION [Faint handwritten religion]		SERVICE [Faint handwritten service]	
SIGNATURE OF DECEASED [Faint handwritten signature]		SIGNATURE OF WITNESS [Faint handwritten signature]		SIGNATURE OF PHYSICIAN [Faint handwritten signature]	
SIGNATURE OF CORONER [Faint handwritten signature]		SIGNATURE OF JURY [Faint handwritten signature]		SIGNATURE OF JUDGE [Faint handwritten signature]	
SIGNATURE OF CLERK [Faint handwritten signature]		SIGNATURE OF REGISTRAR [Faint handwritten signature]		SIGNATURE OF COMMISSIONER [Faint handwritten signature]	

**BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH**

53 3194
Registered No.

53 3194
BIRTH NO.

1. NAME OF DECEASED (Type or Print) Laura R. Rinehart			2. DATE OF DEATH March 29, 1953		
3. PLACE OF DEATH: A. Baltimore City, Maryland			4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Maryland B. COUNTY		
B. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION 210 East 20th Street			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore		
c. Length of stay in Baltimore			D. STREET ADDRESS (If rural, give location) 210 East 20th Street		
5. SEX female	6. COLOR OR RACE white	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Widowed	8. DATE OF BIRTH September 10, 1870		9. AGE (In years last birthday) 82
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) housewife		10B. KIND OF BUSINESS OR INDUSTRY own home	11. BIRTHPLACE (State or foreign country) Carroll County, Maryland		12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME Joshua Wilson			14. MOTHER'S MAIDEN NAME Mary Griffee		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)		16. SOCIAL SECURITY NO.	17. INFORMANT ADDRESS Pauline Freeman, 210 East 20th Street		

18. 422.1 DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) Anterioderotic cardio - vascular Disease DUE TO ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. (B) DUE TO (C)	CAUSE OF DEATH INTERVAL BETWEEN ONSET AND DEATH
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.	

19A. DATE OF OPERATION 0		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
21A. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from March 31, 1953 to March 29, 1953 that I last saw the deceased alive on Mar 27, 1953 and that death occurred at 2 P. m. , from the causes and on the date stated above.					
23A. SIGNATURE Chris T. Lavy		23B. ADDRESS 1844 W. North Ave		23C. DATE SIGNED Mar 31, 1953	
24A. BURIAL, CREMATION, REMOVAL (Specify) burial		24B. DATE 4/1/53		24C. NAME OF CEMETERY OR CREMATORY Ebenezer Cemetery	
				24D. LOCATION (City, town, or county) (State) Carroll County, Maryland	
DATE RECEIVED BY LOCAL REGISTRAR		REGISTRAR'S SIGNATURE H. H. Williams, M.D.		25. FUNERAL DIRECTOR ADDRESS Wm. Cook, Inc., 1217 St. Paul Street	

MEDICAL CERTIFICATION

100

452
53 3195

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 53 3195

1. NAME OF DECEASED (Type or Print) Catherine Bowling			2. DATE OF DEATH March 30/53		
3. PLACE OF DEATH: A. Baltimore City, Maryland 404 N. Robinson St.			4. USUAL RESIDENCE (Where deceased lived, If institution; residence before admission) A. STATE 404 N. Robinson St. B. COUNTY 24		
B. FULL NAME OF HOSPITAL OR INSTITUTION [Redacted]			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore Md. 6-01		
C. Length of stay in Baltimore 11 1/2 days			D. STREET ADDRESS (If rural, give location) 404 N. Robinson St. 24		
5. SEX Female	6. COLOR OR RACE White	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Widow	8. DATE OF BIRTH May 28, 1867	9. AGE (In years last birthday) 85	10. Under 1 Year Months: Days Hours: Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) none			11. BIRTHPLACE (State or foreign country) Baltimore Md.		
10B. KIND OF BUSINESS OR INDUSTRY none			12. CITIZEN OF WHAT COUNTRY?		
13. FATHER'S NAME Conrad Thomas			14. MOTHER'S MAIDEN NAME ---		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) ---			16. SOCIAL SECURITY NO. none		
17. INFORMANT Mrs. W. Roach, 404 N. Robinson St. 24			ADDRESS		

18. 420.1 DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) Coronary thrombosis DUE TO ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. Arteriosclerotic C. V. disease 10 years Arteriosclerosis, generalised 10 years	CAUSE OF DEATH	INTERVAL BETWEEN ONSET AND DEATH 1 hour
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		

19A. DATE OF OPERATION 0		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH <input type="checkbox"/>		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from 2/1/48 , 19__, to 3/30/53 , 19__, that I last saw the deceased alive on 3/29/ , 19__, and that death occurred at 10 A m., from the causes and on the date stated above.					
23A. SIGNATURE Dr. B. M. M. D.		23B. ADDRESS 448 N. Lexington Ave		23C. DATE SIGNED 3/31/53	
24A. BURIAL, CREMATION, REMOVAL (Specify) Burial		24B. DATE April 2/53		24C. NAME OF CEMETERY OR CREMATORY Baltimore Cemetery	
DATE RECEIVED BY LOCAL REGISTRAR 31 1953		REGISTRAR'S SIGNATURE Huntington Halliwell, M.D.		25. FUNERAL DIRECTOR Philips & Lewis, Inc.	
				ADDRESS 2024 Orleans St. 31	

NEW YORK CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Section 1

Section 2

Section 3

Section 4

Section 5

Section 6

Section 7

Section 8

Section 9

Section 10

Section 11

Section 12

Section 13

Section 14

Section 15

Section 16

Section 17

Section 18

Section 19

Section 20

53 3196

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH53 3196
Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

GLENN WATKINS

2. DATE
OF
DEATH

3/30/53

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR INSTITUTE

MERCY HOSPITAL, INC.

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE

MARYLAND

B. COUNTY

Baltimore

C. CITY OR TOWN

BALTIMORE

(If outside corporate limits, write RURAL and give township)

5200

D. STREET ADDRESS (If rural, give location)

8420 OLD HARFORD RD.

5. SEX

M

6. COLOR OR RACE

W

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

MARRIED

8. DATE OF BIRTH

Apr. 1 1899

9. AGE (in years
last birthday)

53

10. Under 1 Year
Months: Days11. Under 24 Hours
Hours: Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

Engineer P. R. S.

10B. KIND OF BUSINESS OR
INDUSTRY

11. BIRTHPLACE (State or foreign country)

MARYLAND

12. CITIZEN OF
WHAT COUNTRY?

USA.

13. FATHER'S NAME

Wm A Watkins

14. MOTHER'S MAIDEN NAME

Hannah Amoss

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)

NO

16. SOCIAL
SECURITY NO.

17. INFORMANT

ADDRESS

Wm Watkins 8426 Greenway

18. 434.1

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH(This does not mean the mode of dying, e. g.,
heart failure, asthma, etc. It means the disease,
injury or complication which caused death.)

(A) CONGESTIVE HEART FAILURE

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B)

DUE TO

(C)

II
OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour)
INJURY

21E. INJURY OCCURRED

m.

WHILE AT
WORK ☐NOT WHILE
AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 3/27, 1953 to 3/30, 1953, that I last saw the
deceased alive on 3/30, 1953, and that death occurred at 10 PM, from the causes and on the date stated above.

23A. SIGNATURE

M. D.

23B. ADDRESS

23C. DATE SIGNED

3/30/53

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county)

(State)

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

CERTIFICATE CORRECTED 4-7-53

BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

Registered No. **53 3197**

53 3197

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Valentine A. Kogler

2. DATE
OF
DEATH

3-29-53

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location)

St. Agnes Hospital

C. Length of stay in Baltimore

Yrs.
Mos.
Days

5. SEX

Male

6. COLOR OR RACE

White

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)

Married

4. USUAL RESIDENCE (Where deceased lived. If institution; residence before admission)

A. STATE **Maryland**

B. COUNTY

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Baltimore

D. STREET ADDRESS (If rural, give location)

1623 Woodburne Avenue

8. DATE OF BIRTH

June 5-1890

9. AGE (in years last birthday)

62 60

10. Under 1 Year Months: Days

11. Under 24 Hours Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Atlantic Wholesale Grocer

10B. KIND OF BUSINESS OR INDUSTRY

Salesman

11. BIRTHPLACE (State or foreign country)

Maryland

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME

Christian Kogler

Deceased

14. MOTHER'S MAIDEN NAME

?

Deceased.

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)

16. SOCIAL SECURITY NO.

219-9-9491

17. INFORMANT

ADDRESS

Mrs Hilda Kogler - Woodbourne 1623

18. **420.1**

CAUSE OF DEATH

INTERVAL BETWEEN ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, assthenia, etc. It means the disease, injury or complication which caused death.)

(A) **Myocardial Infarction**

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B) **Coronary Artery occlusion**

DUE TO

(C)

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒

21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) INJURY

21E. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from **3-21-53** to **3-29-53** that I last saw the deceased alive on **3-29-53** and that death occurred at **7:45 p.m.** from the causes and on the date stated above.

23A. SIGNATURE

23B. ADDRESS

23C. DATE SIGNED

24A. BURIAL, CREMATION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county) (State)

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

Burial

4-1-53

Holy Redeemer

Balto Md.

4-1-53

H. J. Ruck

5305 Harford Rd.

4-1-53

540

53 3198

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 53 3198

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

NANNIE V. TINLEY

2. DATE
OF
DEATH

Mar. 27, 1953

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR
INSTITUTION 3701 Garrison Blvd.4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE
B. COUNTY

Md.

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)
Baltimore 15-10

D. STREET ADDRESS (If rural, give location)

3701 Garrison Blvd.

C. Length of stay in Baltimore

Yrs.
Mos.
Days

5. SEX

Female

6. COLOR OR RACE

White

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)
Widowed

8. DATE OF BIRTH

Oct. 5, 1869

9. AGE (In years
last birthday)If Under 1 Year
Months Days
If Under 24 Hours
Hours Min.

83

10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

Housewife

10B. KIND OF BUSINESS OR
INDUSTRY

at home

11. BIRTHPLACE (State or foreign country)

Maryland

12. CITIZEN OF
WHAT COUNTRY?

13. FATHER'S NAME

Thomas W. Wheatley

14. MOTHER'S MAIDEN NAME

Aurelia Colbert

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)16. SOCIAL
SECURITY NO.17. INFORMANT ADDRESS
Miss Edna Tinley-3701 Garrison Blvd.

18. 421.1 I

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e.g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)(A) Aortic Stenosis
DUE TO

Unknown

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.(B) Arterio-sclerosis
DUE TO
(C)

Unknown

II
OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

Age, 83 yrs.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH21B. PLACE OF INJURY (e.g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour)
INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

WHILE AT ☐ NOT WHILE ☐
WORK AT WORK22. I hereby certify that I attended the deceased from May, 1950, to July 27th, 1952, that I last saw the
deceased alive on 3-26, 1953, and that death occurred at 6 p.m., from the causes and on the date stated above.

23A. SIGNATURE

C. B. Emswiler

M. D.

23B. ADDRESS

7201 York Rd. Balto. Md. 3-29-53

23C. DATE SIGNED

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)
Burial

24B. DATE

3/31/53

24C. NAME OF CEMETERY OR CREMATORY

Woodlawn Cem.

24D. LOCATION (City, town, or county) (State)

Woodlawn, Md.

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

MAR 31 1953

Thos. J. Vickner & Sons

Balto 17, Md.

VS 150

MEDICAL CERTIFICATION

8212

UNITED STATES DEPARTMENT OF HEALTH
CERTIFICATE OF DEATH

FILE

100-11111

DECLARATION OF DEATH
MADE BY THE
DECEASED
OR BY SOMEONE
KNOWING HIM
OR HER

CERTIFICATE OF DEATH

DECLARATION OF DEATH
MADE BY THE
DECEASED
OR BY SOMEONE
KNOWING HIM
OR HER



200
53 3199BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH53 3199
Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

ARTHUR RUSK

2. DATE
OF
DEATH

3/28/53

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR INSTITUTE

Provident Hospital

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE B. COUNTY

1300 N. Stricker St., Md.

C. CITY OR TOWN (If outside corporate limits, write RURAL, and give township)

BALTIMORE 15-01

D. STREET ADDRESS (If rural, give location)

c. Length of stay in Baltimore

53 yrs.

Yrs.
Mos.
Days

5. SEX

male

6. COLOR OR RACE

ed

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

married

8. DATE OF BIRTH

12/20/1876

9. AGE (In years
last birthday)

76

H Under 1 Year
Months: DaysH Under 24 Hours
Hours: Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

insurance played

10B. KIND OF BUSINESS OR
INDUSTRY

11. BIRTHPLACE (State or foreign country)

Lancaster Co., Va

12. CITIZEN OF
WHAT COUNTRY?

13. FATHER'S NAME

John Rusk

14. MOTHER'S MAIDEN NAME

Mary Bule

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)16. SOCIAL
SECURITY NO.

17. INFORMANT

ADDRESS

18. 443X

CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY
LEADING TO DEATH(This does not mean the mode of dying, e. g.,
heart failure, asthma, etc. It means the disease,
injury or complication which caused death.)

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(A)

DUE TO

(B)

DUE TO

(C)

INTERVAL BETWEEN
ONSET AND DEATH

?

?

?

?

II
OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐21A. ACCIDENT, SUICIDE,
HOMICIDE (Specify)21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR? (If in Baltimore City, give exact location)21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

m. WHILE AT WORK ☐ NOT WHILE
AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from March 10, 1953, to March 28, 1953, that I last saw the
deceased alive on March 28, 1953, and that death occurred at 12:45 Am., from the causes and on the date stated above.

23A. SIGNATURE

Glennford P. Russender

M. D.

23B. ADDRESS

1309 Dundell Hill Dr

23C. DATE SIGNED

3-30-53

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

24B. DATE

3/27/53

24C. NAME OF CEMETERY OR CREMATORY

Lancaster

24D. LOCATION (City, town, or county)

Lancaster Co., Va

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

Huntington Williams, M.D.

25. FUNERAL DIRECTOR

ADDRESS

H. Kelson 1303

Presbyterian St

CERTIFICATE OF DEATH

BALTIMORE

ML

W-420
53 3200BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH53 3200
Registered No.

BIRTH NO.		1. NAME OF DECEASED (Type or Print) Walter Wells		2. DATE OF DEATH Mar 29, 1953	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Maryland B. COUNTY			
B. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION 117 E. 25th. St.		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore 12-03			
C. Length of stay in Baltimore Life Yrs. Mos. Days		D. STREET ADDRESS (If rural, give location) 117 E. 25th. St			
5. SEX Male	6. COLOR OR RACE White	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH June 22, 1877	9. AGE (In years last birthday) 75	If Under 1 Year Months Days If Under 24 Hours Hours Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired Salesman		10B. KIND OF BUSINESS OR INDUSTRY Austin Packing Co		11. BIRTHPLACE (State or foreign country) Baltimore, Maryland	
13. FATHER'S NAME James Wells		12. CITIZEN OF WHAT COUNTRY?			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.		17. INFORMANT ADDRESS Mrs Walter Wells 117 E. 25th. Street	
18. 420.1 I DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) CORONARY THROMBOSIS DUE TO ARTERIO SCLEROTIC CARDIO - DUE TO VASCULAR DISEASE ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		CAUSE OF DEATH CORONARY THROMBOSIS DUE TO ARTERIO SCLEROTIC CARDIO - DUE TO VASCULAR DISEASE		INTERVAL BETWEEN ONSET AND DEATH 20 men 5 yrs.	
19A. DATE OF OPERATION 0		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21A. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH		21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from 301979 to Mar 29, 1953, that I last saw the deceased alive on Mar 27, 1953, and that death occurred at 12:00 a.m., from the causes and on the date stated above.					
23A. SIGNATURE Edwin Muller		23B. ADDRESS 214 Reed St		23C. DATE SIGNED 20 MAR 53	
24A. BURIAL, CREMATION, REMOVAL (Specify) Burial		24B. DATE 4/1/53		24C. NAME OF CEMETERY OR CREMATORY Greenmount Cemetery	
DATE RECEIVED BY LOCAL REGISTRAR MAR 31 1953		REGISTRAR'S SIGNATURE H. J. Williams, M.D.		25. FUNERAL DIRECTOR ADDRESS H. J. Williams & Son 805 N. Calvert St	

03 810

REPUBLIC OF THE PHILIPPINES
DEPARTMENT OF HEALTH
BUREAU OF HEALTH
CERTIFICATE OF DEATH

1968

CAUSE OF DEATH

1. Immediate Cause of Death
2. Underlying Cause of Death
3. Contributing Cause of Death

4. Manner of Death
5. Place of Death

6. Signature of Physician
7. Signature of Registrar

8. Date of Death

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH53 3201
Registered No.

BIRTH NO. H-6 30 53 3201		1. NAME OF DECEASED (Type or Print) ELLA HOWARD		2. DATE OF DEATH March 29, 1953	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Maryland B. COUNTY			
B. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION South Baltimore General Hospital		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore 25-04			
c. Length of stay in Baltimore (DOA)		D. STREET ADDRESS (If rural, give location) 3705 S. Forest Street			
5. SEX Female	6. COLOR OR RACE White	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH October 7, 1880	9. AGE (In years last birthday) 72	10. Under 1 Year Months: Days: Hours: Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housework (ret.)		10B. KIND OF BUSINESS OR INDUSTRY Own Home		11. BIRTHPLACE (State or foreign country) Charleston, S. Carolina	
13. FATHER'S NAME Anderson		12. CITIZEN OF WHAT COUNTRY? U.S.A.			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) No		16. SOCIAL SECURITY NO. None		17. INFORMANT Mrs. Ethel Bussey	
18. 422.1 DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) Arteriosclerotic cardiovascular disease		CAUSE OF DEATH		INTERVAL BETWEEN ONSET AND DEATH	
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.		(A) DUE TO			
		(B) DUE TO			
		(C) DUE TO			
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.					
19A. DATE OF OPERATION		19B. MAJOR FINDINGS OF OPERATION			20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
21A. EXTERNAL CAUSE WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH.		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I certify that I took charge of the remains described above, held an <u>Partial Autopsy</u> thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: <u>natural causes</u> <input checked="" type="checkbox"/> , accident <input type="checkbox"/> , suicide <input type="checkbox"/> , homicide <input type="checkbox"/> , undetermined <input type="checkbox"/> .					
23A. SIGNATURE William Williams		23B. CHIEF MEDICAL EXAMINER <input type="checkbox"/> ASSISTANT MEDICAL EXAMINER <input checked="" type="checkbox"/> M.D. MEDICAL INVESTIGATOR		23C. DATE SIGNED March 30, 1953	
24A. BURIAL, CREMATION, REMOVAL (Specify) Burial	24B. DATE April 1, 1953	24C. NAME OF CEMETERY OR CREMATORY Cedar Hill	24D. LOCATION (City, town, or county) (State) Brooklyn RFD, Md.		
DATE RECEIVED BY LOCAL REGISTRAR MAR 31 1953	REGISTRAR'S SIGNATURE William Williams, M.D.		25. FUNERAL DIRECTOR R. T. Longston		
		ADDRESS Glen Burnie			

1033 26

CERTIFICATE OF DEATH

1033 26

CERTIFICATE OF DEATH



K-610

53 3202

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

53 3202

Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

GUSTAVUS-ADOLPH- KORB

2. DATE
OF
DEATH

March 30, 1953

3. PLACE OF DEATH:

A. Baltimore City, Maryland 5000 Catalpha Road

4. USUAL RESIDENCE (Where deceased lived, If institution: residence
A. STATE

Md

B. COUNTY

before admission)

B. FULL NAME OF
HOSPITAL OR
INSTITUTION

C. CITY OR TOWN

(If outside corporate limits, write RURAL and give township)

Baltimore

27-03

D. STREET ADDRESS (If rural, give location)

5000 Catalpha Road - 14

C. Length of stay in Baltimore

Lifetime

Yrs.
Mos.
Days

5. SEX

Male

6. COLOR OR RACE

White

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

Widowed

8. DATE OF BIRTH

June 30, 1869

9. AGE (In years
last birthday)

83

If Under 1 Year

Months: Days

If Under 24 Hours

Hours: Min.

10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

Attorney at Law

10B. KIND OF BUSINESS OR
INDUSTRY

Self Employed

13. FATHER'S NAME

Gregor Korb

14. MOTHER'S MAIDEN NAME

Katherine Viemeyer

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)16. SOCIAL
SECURITY NO.

17. INFORMANT

ADDRESS

Violet M. Bond 5000 Catalpha Road

18. 332X

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A)

Cerebral Thrombosis

1 wk

DUE TO

(B)

Cerebral
arteriosclerosis

3 yrs.

DUE TO

(C)

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.II
OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

Hemiplegia (left)

1 wk

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR? (If in Baltimore City, give exact location)21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

m.

WHILE AT
WORK ☐NOT WHILE
AT WORK ☐22. I hereby certify that I attended the deceased from Oct 1, 1950, to Mar 30, 1953, that I last saw the
deceased alive on Mar 29, 1953, and that death occurred at 6:45 P. M., from the causes and on the date stated above.

23A. SIGNATURE

Gregor Korb

M. D.

23B. ADDRESS

4808 Harford Rd

23C. DATE SIGNED

3/30/53

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county)

(State)

Burial April 2, 1953

London Park

Baltimore Md

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

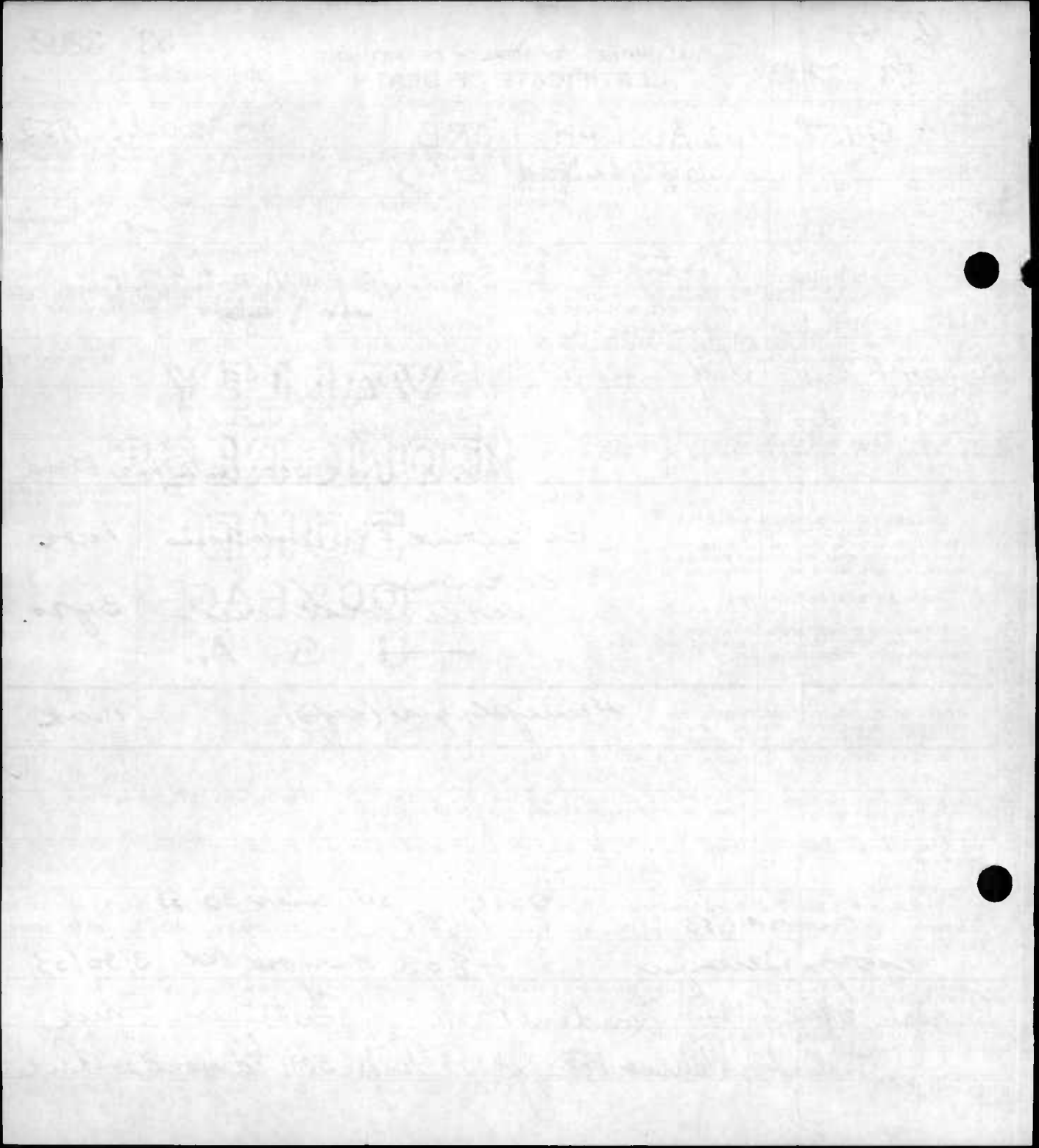
25. FUNERAL DIRECTOR

ADDRESS

Huntington Williams, M.D.

John F. Genfel 5311 Edmondson Ave

MAR 31 1953



-452
53 3203BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 53 3203

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR INSTITUTION

Sagewood Nursing Home

C. Length of stay in Baltimore

5. SEX

Female

6. COLOR OR RACE

White

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)

W.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Nurse

10B. KIND OF BUSINESS OR INDUSTRY

Home

13. FATHER'S NAME

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)

No

(If yes, give war or dates of service)

No

16. SOCIAL SECURITY NO.

None

2. DATE OF DEATH

29 March 1953

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE B. COUNTY

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

D. STREET ADDRESS (If rural, give location)

3914 S. HANOVER ST.

8. DATE OF BIRTH

8-16-68

11. BIRTHPLACE (State or foreign country)

Md.

17. INFORMANT ADDRESS

Family - Fenchurch Rd.

18. 450.0 I
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)
Myocardial Failure
(A) DUE TO
Arterio-sclerosis
(B) DUE TO
Senility
(C) DUE TO
INTERVAL BETWEEN ONSET AND DEATH

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION
None
19B. MAJOR FINDINGS OF OPERATION
None
20. AUTOPSY?
YES ☒ NO ☐

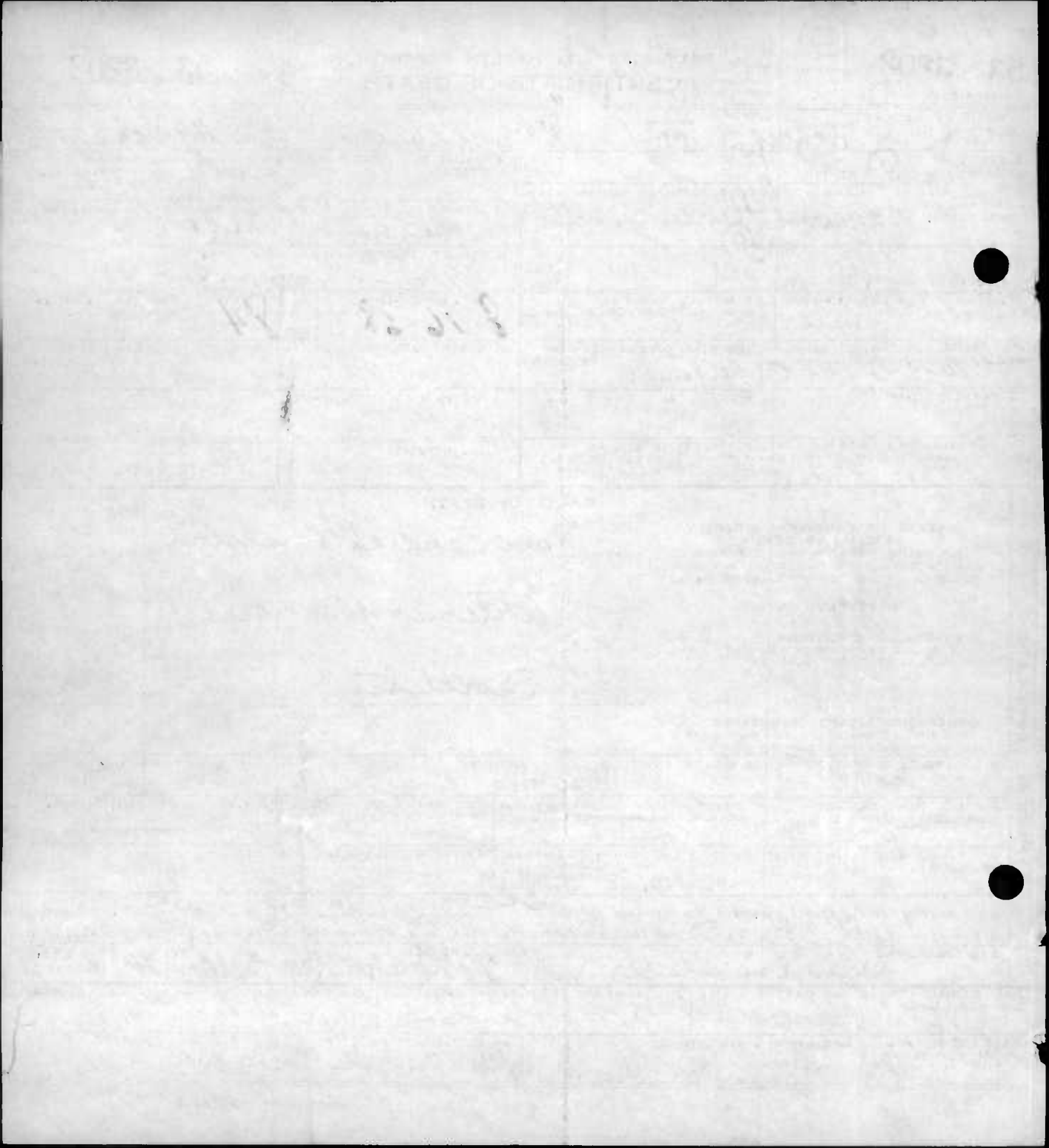
21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)
None
21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)
None
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
None
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY
None
21E. INJURY OCCURRED WHILE AT WORK ☐ AT WORK ☐
None
21F. HOW DID INJURY OCCUR?
None

22. I hereby certify that I attended the deceased from Dec 1951, to 29 March 1953, that I last saw the deceased alive on 29 March 1953 and that death occurred at 12:00 p. m., from the causes and on the date stated above.

23A. SIGNATURE
Dorothy Street
M. O.
23B. ADDRESS
712 Park Ave. Baltimore
23C. DATE SIGNED
29 March 1953

24A. BURIAL, CREMATION, REMOVAL (Specify)
Burial
24B. DATE
4-1-53
24C. NAME OF CEMETERY OR CREMATORY
Parkwood
24D. LOCATION (City, town, or county) (State)
Baltimore

DATE RECEIVED BY LOCAL REGISTRAR
MAR 31 1953
REGISTRAR'S SIGNATURE
Huntington Williams, M.D.
25. FUNERAL DIRECTOR
L. H. Lewis
ADDRESS
130 E. Fort Ave.



520

53 3204

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 53 3204

BIRTH NO.		1. NAME OF DECEASED (Type or Print) <i>Charles W. Zang Sr</i>		2. DATE OF DEATH <i>3.30.53</i>	
3. PLACE OF DEATH: A. Baltimore City, Maryland <i>1813 Jackson St.</i>		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE <i> Md.</i> B. COUNTY			
B. FULL NAME OF HOSPITAL OR INSTITUTION		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <i>Balto. 24-04</i>			
C. Length of stay in Baltimore		D. STREET ADDRESS (If rural, give location) <i>1813 Jackson St.</i>			
5. SEX <i>M.</i>	6. COLOR OR RACE <i>W</i>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <i>M.</i>	8. DATE OF BIRTH <i>7.7.88</i>	9. AGE (in years last birthday) <i>64</i>	10. Under 1 Year Months: Days 11. Under 24 Hours Hours: Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>Labour</i>		10B. KIND OF BUSINESS OR INDUSTRY <i>Locke Co.</i>		11. BIRTHPLACE (State or foreign country) <i>MD.</i>	
12. CITIZEN OF WHAT COUNTRY?		13. FATHER'S NAME <i>Charles W. (m)</i>		14. MOTHER'S MAIDEN NAME <i>Annie ?</i>	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.		17. INFORMANT <i>Family</i> ADDRESS <i>D.M.S.</i>	
18. <i>199.9</i> DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) <i>Cerebrovascular</i> DUE TO		CAUSE OF DEATH		INTERVAL BETWEEN ONSET AND DEATH	
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. DUE TO		(B) DUE TO		(C) DUE TO	
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.					
19A. DATE OF OPERATION		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
21A. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING CAUSE OF DEATH <input type="checkbox"/>		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT <input type="checkbox"/> WORK NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from <i>3/25</i> , 1953, to <i>3/28</i> , 1953, that I last saw the deceased alive on <i>3/25</i> , 1953 and that death occurred at <i>8 P.m.</i> , from the causes and on the date stated above.					
23A. SIGNATURE <i>Walter D. Greenberg</i>		23B. ADDRESS <i>2913 Weymouth Rd</i>		23C. DATE SIGNED <i>3/30/53</i>	
24A. BURIAL, CREMATION, REMOVAL (Specify)		24B. DATE <i>4.3.53</i>		24C. NAME OF CEMETERY OR CREMATORY <i>Holy Cross</i>	
24D. LOCATION (City, town, or county) <i>Balto.</i>		24E. NAME OF CEMETERY OR CREMATORY		24F. LOCATION (City, town, or county)	
DATE RECEIVED BY LOCAL REGISTRAR <i>MAR 31 1953</i>		REGISTRAR'S SIGNATURE <i>Huntington Williams</i>		25. FUNERAL DIRECTOR <i>W. H. Green</i> ADDRESS	
VS 150 97038 130 E. FORT AVE.					

MEDICAL CERTIFICATION

-600

53 3205

53 3205

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. _____

1. NAME OF DECEASED (Type or Print) BERNARDINE J. BAUER			2. DATE OF DEATH 3-30-53		
3. PLACE OF DEATH: A. Baltimore City, Maryland			4. USUAL RESIDENCE (Where deceased lived, If institution; residence before admission) A. STATE MD. B. COUNTY _____		
B. FULL NAME OF (If not in hospital or institution, give street address or location) 1827 W. BALTIMORE ST.			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) BALTO.		
C. Length of stay in Baltimore Yrs. _____ Mos. _____ Days _____			D. STREET ADDRESS (If rural, give location) 1827 W. BALTIMORE ST.		
5. SEX F	6. COLOR OR RACE W	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) SINGLE	8. DATE OF BIRTH MAY 17, 1885		9. AGE (In years last birthday) 69
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) HOUSEKEEPER		10B. KIND OF BUSINESS OR INDUSTRY HOME	11. BIRTHPLACE (State or foreign country) MD.		12. CITIZEN OF WHAT COUNTRY? _____
13. FATHER'S NAME THEODORE BAUER			14. MOTHER'S MAIDEN NAME ANNA M. KRAMER		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.	17. INFORMANT ADDRESS Miss Agnes M. Bauer 1827 W. Balts. St.		

MEDICAL CERTIFICATION

18. 442X DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) Cardiac Failure Hypertensive Cardio-Renal Disease.		INTERVAL BETWEEN ONSET AND DEATH
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. (B) (C)		
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		

19A. DATE OF OPERATION 0		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)		21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from Mar 12, 1952 to March 30, 1953 , that I last saw the deceased alive on March 30, 1953 , and that death occurred at 8:45 a.m. , from the causes and on the date stated above.					
23A. SIGNATURE Albert Sagnotti		23B. ADDRESS 1729 W Lombard St		23C. DATE SIGNED 3/31/53	
24A. BURIAL, CREMATION, REMOVAL (Specify) Burial		24B. DATE 4-1-53		24C. NAME OF CEMETERY OR CREMATORY Cathedral Cem.	
24D. LOCATION (City, town, or county) (State) Balto. Md.		25. FUNERAL DIRECTOR George A. Farley - Catonsville, Md.			
DATE RECEIVED BY LOCAL REGISTRAR MAR 31 1953		REGISTRAR'S SIGNATURE Huntington Williams, M.D.			

53 3206

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No.

53 3206

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

John Joseph Craven

2. DATE
OF
DEATH

March 29, 1953

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived, if institution; residence before admission)

A. STATE

B. COUNTY

Maryland

B. FULL NAME OF
HOSPITAL OR
INSTITUTION (If not in hospital or institution, give street address or location)

3043 Chesterfield Ave

C. CITY OR TOWN

(If outside corporate limits, write RURAL and give township)

Baltimore

C. Length of stay in Baltimore

Life

Yrs.
Mos.
Days

D. STREET ADDRESS (If rural, give location)

3043 Chesterfield Ave

5. SEX

6. COLOR OR RACE

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

Male

White

Married

8. DATE OF BIRTH

9. AGE (In years last birthday)

If Under 1 Year
Months DaysIf Under 24 Hours
Hours Min.

Sept. 25, 1890 62

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

10B. KIND OF BUSINESS OR INDUSTRY

Labor

State Rd. Comm.

11. BIRTHPLACE (State or foreign country)

Baltimore, Maryland

12. CITIZEN OF WHAT COUNTRY?

U.S.A.

13. FATHER'S NAME

Hugh Craven

14. MOTHER'S MAIDEN NAME

Anne Redmond

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)

Yes

16. SOCIAL SECURITY NO.

220-03-2226

17. INFORMANT

ADDRESS

Catherine Craven 3043 Chesterfield

18. 331X

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATH

CEREBRAL VASCULAR ACCIDENT

2 days

DISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A)

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B)

DUE TO

(C)

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH

21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour)
INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

WHILE AT
WORK ☐NOT WHILE
AT WORK ☐

22. I hereby certify that I attended the deceased from 3/28/1953, to 3/29/1953, that I last saw the deceased alive on 3/29, 1953, and that death occurred at 9:15 P.m., from the causes and on the date stated above.

23A. SIGNATURE

Daniel E. Kreich

M. D.

23B. ADDRESS

23C. DATE SIGNED

24A. BURIAL, CREMATION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county) (State)

Burial

April 1, 1953 Holy Redeemer Cem

Bel Air Rd., Balto., Md.

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

MAR 31 1953

VS 150

John A. Moran, 3000 E. Balto., St.,

Balto., Md.

97092

MEDICAL CERTIFICATION

2075 25

RECEIVED

1941

TO THE HONORABLE THE SECRETARY OF THE ARMY

WASHINGTON

FROM THE

OFFICE OF THE

CHIEF OF BUREAU

OF THE ARMY

WASHINGTON

DATE

U. S. A.

JOINT

BOND

COMMISSION

ATTY

1941

THE SECRETARY OF THE ARMY

WASHINGTON

1941

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATHRegistered No. **53 3207**

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)**JAMES E. HEALEY**2. DATE
OF
DEATH**March 30, 1953**

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE

Maryland

B. COUNTY

Anne ArundelB. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR INSTITUTION**South Baltimore General Hospital**

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Glen Burnie

D. STREET ADDRESS (If rural, give location)

4 Overhill Road

c. Length of stay in Baltimore

Yrs.
Mos.
Days

5. SEX

Male

6. COLOR OR RACE

White7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)**Single**

8. DATE OF BIRTH

September 8, 1884 689. AGE (in years
last birthday)10. Under 1 Year
Months Days
11. Under 24 Hours
Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

male nurse

10B. KIND OF BUSINESS OR INDUSTRY

Sheppard Pratt

11. BIRTHPLACE (State or foreign country)

Balto., Md.

12. CITIZEN OF WHAT COUNTRY?

USA

13. FATHER'S NAME

Patrick Healey

14. MOTHER'S MAIDEN NAME

Bridget Kimit

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)

none

16. SOCIAL SECURITY NO.

17. INFORMANT

ADDRESS

Margaret Healey, 2825 E. Madison St.18. **E916.0**

CAUSE OF DEATH

INTERVAL BETWEEN ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH

(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) **Second and third degree burns of 40%****of body**

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B) DUE TO

(C)

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒21A. EXTERNAL CAUSE WAS UNDERLYING ☒ OR CONTRIBUTING ☐ CAUSE OF DEATH.

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

Home

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

4 Overhill Road, Glen Burnie, Maryland

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

March 30, 1953 12:15 A.m.

21E. INJURY OCCURRED

WHILE AT WORK ☐NOT WHILE AT WORK ☒

21F. HOW DID INJURY OCCUR?

Explosion of an oil stove22. I certify that I took charge of the remains described above, held an **Inspection & Inquiry** thereon and from **Autopsy, Inspection or Inquiry** the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☒, suicide ☐, homicide ☐, undetermined ☐.

23A. SIGNATURE

William H. Wood

M.D.

23B. CHIEF MEDICAL EXAMINER ☐ ASSISTANT MEDICAL EXAMINER ☒ MEDICAL INVESTIGATOR ☐

23C. DATE SIGNED

March 30, 1953

24A. BURIAL, CREMATION, REMOVAL (Specify)

Burial

24B. DATE

April 1 1953

24C. NAME OF CEMETERY OR CREMATORY

New Cathedral

24D. LOCATION (City, town, or county)

Old Frederick Rd. Balto Md.

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

Huntington Williams, M.D.

25. FUNERAL DIRECTOR

ADDRESS

Krause Samuel Home 1216 S Charles St.

VS 151

N949.2**2588T**

1941

UNITED STATES DEPARTMENT OF AGRICULTURE
BUREAU OF PLANT INDUSTRY

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CERTIFICATE AMENDED

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

53 3208
Registered No. 53 3208

53 3208
FVJ 168816
BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Ernest Schaeffer (Ernest F. Schaefer)

2. DATE
OF
DEATH

March 29, 1953

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location)

Baltimore City Hospitals
4940 Eastern Avenue

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE Maryland

B. COUNTY

C. CITY OR TOWN

(If outside corporate limits, write RURAL and give township)

Baltimore

D. STREET ADDRESS (If rural, give location)

5014 Pilgrim Road

c. Length of stay in Baltimore

life

Yrs.
Mos.
Days

5. SEX

Male

6. COLOR OR RACE

White

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)

~~Single~~ MARRIED

8. DATE OF BIRTH

June 18, 1912

9. AGE (In years last birthday)

40

10. Under 1 Year Months Days

11. Under 24 Hours Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

None

10B. KIND OF BUSINESS OR INDUSTRY

None

11. BIRTHPLACE (State or foreign country)

Maryland

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME

Theodore P. Schaefer

14. MOTHER'S MAIDEN NAME

Nettie

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)

16. SOCIAL SECURITY NO.

17. INFORMANT

ADDRESS

B. C. H. 4940 Eastern Ave. (records)

18. 353.2

CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH

(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Terminal Pneumonia

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B) Status Epilepticus

DUE TO

(C)

INTERVAL BETWEEN ONSET AND DEATH

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☒ NO ☐

21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

WHILE AT WORK ☐ NOT WHILE AT WORK ☐

22. I hereby certify that I attended the deceased from 3 - 19 - 1953, to 3 - 29 - 1953 that I last saw the deceased alive on 3 - 29 - 1953, and that death occurred at 2:25 p.m., from the causes and on the date stated above.

23A. SIGNATURE

H. J. Williams

M. D.

23B. ADDRESS

4940 Eastern Avenue

23C. DATE SIGNED

3-29-53

24A. BURIAL, CREMATION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town or county)

(State)

Funeral

Apr. 1/53

Meadowridge

Harvey, Ind.

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

MAR 31 1953

H. J. Williams, M.D., 4101 Edmondson Ave.

- ① Marriage record of Ernest F. Schoepfer & Nona C. Albright - 2/10/43 at Towson, Md. Issued by Clerk of Circuit Court of Balto. County 2/10/43 - #15027
- ② Affidavit from wife Nona C. Schoepfer that she was married to decedent up until time of his death - no divorce proceeding were ever instituted by her or husband during his lifetime.

-300

53 3209

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH53 3209
Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Joseph R. Codd

2. DATE
OF
DEATH

March 30, 1953

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR
INSTITUTION

133 S. Hilton St.

Yrs.
Mos.
Days

C. Length of stay in Baltimore Life

5. SEX

Male

6. COLOR OR RACE

White

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)
Widower4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE

Maryland

B. COUNTY

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)
Baltimore

D. STREET ADDRESS (If rural, give location)

133 S. Hilton St.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Constable

10B. KIND OF BUSINESS OR INDUSTRY

Peoples Court

13. FATHER'S NAME

William T. Codd

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

11. BIRTHPLACE (State or foreign country)

Maryland

12. CITIZEN OF WHAT COUNTRY?

14. MOTHER'S MAIDEN NAME

Margaret Whalen

17. INFORMANT

ADDRESS

Joseph J. Codd, 133 S. Hilton St.

18. 181X

CAUSE OF DEATH

INTERVAL BETWEEN ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) DUE TO

General Calciminoses

Aug 1952

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B) DUE TO

Carcinoma of Bladder

Feb 1950

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

(C)

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED

m.

WHILE AT WORK ☐NOT WHILE AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 2:00, 1953, to 3:30, 1953, that I last saw the deceased alive on 3/29, 1953, and that death occurred at 11:50 A. M., from the causes and on the date stated above.

23A. SIGNATURE

M. D.

23B. ADDRESS

23C. DATE SIGNED

24A. BURIAL, CREMATION, REMOVAL (Specify)

Burial

24B. DATE

April 1/53

24C. NAME OF CEMETERY OR CREMATORY

New Cathedral

24D. LOCATION (City, town, or county)

Balto. Md.

(State)

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

MAR 31 1953 Huntington Williams, M.D. Harry A. Weitzel 4101 Edmondson Ave

1953

80

UNITED STATES DEPARTMENT OF AGRICULTURE
BUREAU OF PLANT INDUSTRY

1953

[Faint, mostly illegible text, likely bleed-through from the reverse side of the page. Some words like "BUREAU OF PLANT INDUSTRY" and "UNITED STATES DEPARTMENT OF AGRICULTURE" are faintly visible.]

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATHRegistered No. **53 3210**

BIRTH NO.

1. NAME OF DECEASED (Type or Print) WILLIAM T. WELLS			2. DATE OF DEATH March 29, 1953		
3. PLACE OF DEATH: A. Baltimore City, Maryland			4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Maryland B. COUNTY		
B. FULL NAME OF (If not in hospital or institution, give street address or location) Lutheran Hospital			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore 20-02		
c. Length of stay in Baltimore Life Yrs. Mos. Days			D. STREET ADDRESS (If rural, give location) 516 Poplar Grove Street		
5. SEX Male	6. COLOR OR RACE White	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH Dec. 5, 1895	9. AGE (In years last birthday) 57	If Under 1 Year Months Days If Under 24 Hours Hours Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired		10B. KIND OF BUSINESS OR INDUSTRY Painter	11. BIRTHPLACE (State or foreign country) Maryland		12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME John D. Wells			14. MOTHER'S MAIDEN NAME Mary Baum		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.	17. INFORMANT (BROTHER) ADDRESS Milton D. Wells, 516 Poplar Grove St		

18. **E974x**

CAUSE OF DEATH

INTERVAL BETWEEN ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) **Asphyxiation due to hanging**

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B) DUE TO

(C)

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21A. EXTERNAL CAUSE WAS UNDERLYING <input checked="" type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH.		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.) Home		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location) 516 Poplar Grove Street	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY March 29, 1953		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		21F. HOW DID INJURY OCCUR? Hanged self from rafters in cellar	
22. I certify that I took charge of the remains described above, held an Inspection & Inquiry thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes <input type="checkbox"/> , accident <input type="checkbox"/> , suicide <input checked="" type="checkbox"/> , homicide <input type="checkbox"/> , undetermined <input type="checkbox"/> .					
23A. SIGNATURE <i>William D. Wells</i>		23B. CHIEF MEDICAL EXAMINER <input checked="" type="checkbox"/> ASSISTANT MEDICAL EXAMINER <input type="checkbox"/> M.D. MEDICAL INVESTIGATOR <input type="checkbox"/>		23C. DATE SIGNED March 30, 1953	
24A. BURIAL, CREMATION, REMOVAL (Specify) Burial	24B. DATE April 2/53	24C. NAME OF CEMETERY OR CREMATORY Loudon Park		24D. LOCATION (City, town, or county) (State) Balto. Md.	
DATE RECEIVED BY LOCAL REGISTRAR MAR 31 1953		REGISTRAR'S SIGNATURE <i>Harry F. Wintje</i>		25. FUNERAL DIRECTOR ADDRESS 4101 Edmondson Ave	

CERTIFICATE CORRECTED

4-7-53

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No.

53 3211

53 3211

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Rebecca Mantz Lowry

2. DATE OF DEATH
March 29/53

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR INSTITUTION

618 Wildwood Parkway

4. USUAL RESIDENCE (Where deceased lived, if institution: residence before admission)
A. STATE B. COUNTY

MD.

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)
Baltimore

D. STREET ADDRESS (If rural, give location)
618 Wildwood Parkway

C. Length of stay in Baltimore Life
Yrs. Mos. Days

5. SEX Female
6. COLOR OR RACE White
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Widower Widow

8. DATE OF BIRTH March 24, 1869
9. AGE (In year: last birthday) 84
If Under 1 Year: Months: Days
If Under 24 Hours: Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) H. W.
10B. KIND OF BUSINESS OR INDUSTRY Own Home

11. BIRTHPLACE (State or foreign country) Maryland
12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME Samuel W. Wyvill
Unknown

14. MOTHER'S MAIDEN NAME Unknown Henrietta Miller

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)
16. SOCIAL SECURITY NO.

17. INFORMANT ADDRESS
Mr William Spicer, 618 Wildwood Pkwy.

18. 153X

CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, ashenia, etc. It means the disease, injury or complication which caused death.)

(A) Cerebral hemorrhage

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B) Arterio sclerosis

DUE TO

(C) Ca of ascend. colon

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

INTERVAL BETWEEN ONSET AND DEATH

19A. DATE OF OPERATION 0
19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?
YES ☐ NO ☐

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)
21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) INJURY
21E. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 1949, to 3/29, 1953 that I last saw the deceased alive on 3/29, 1953, and that death occurred at 10 m., from the causes and on the date stated above.

23A. SIGNATURE H. W. Spicer
M. D. 5921 Edmondson
23B. ADDRESS
23C. DATE SIGNED 3/31/53

24A. BURIAL, CREMATION, REMOVAL (Specify) Burial
24B. DATE April 1/53
24C. NAME OF CEMETERY OR CREMATORY Loudon Park
24D. LOCATION (City, town, or county) Balto. Md. (State)

DATE RECEIVED BY LOCAL REGISTRAR
REGISTRAR'S SIGNATURE
25. FUNERAL DIRECTOR Harry A. Witzke
ADDRESS 4101 Edmondson Ave

CONFIDENTIAL

STATE OF CALIFORNIA

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**BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH**

53 3212
Registered No.

53 3212
BIRTH NO.

1. NAME OF DECEASED (Type or Print) <i>Henrietta Jones</i>		2. DATE OF DEATH <i>March 28, 1953</i>	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution, residence before admission) A. STATE <i>Md.</i> B. COUNTY <i>Balto.</i>	
B. FULL NAME OF HOSPITAL OR INSTITUTION <i>109 N. Bruce St.</i>		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <i>Balto.</i>	
5. LENGTH OF STAY IN BALTIMORE <i>109 N. Bruce St.</i>		D. STREET ADDRESS (If rural, give location) <i>109 N. Bruce St.</i>	
5. SEX <i>Female</i>	6. COLOR OR RACE <i>Col.</i>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <i>SINGLE</i>	8. DATE OF BIRTH <i>July 7, 1884</i>
9. AGE (In years last birthday) <i>68</i>	10. UNDER 1 YEAR Months: Days	11. UNDER 24 HOURS Hours: Min.	12. CITIZEN OF WHAT COUNTRY? <i>U.S.A.</i>
10A. USUAL OCCUPATION (Give kind of work done during most of working life, or if retired) <i>Housewife</i>		10B. KIND OF BUSINESS OR INDUSTRY	
12. FATHER'S NAME <i>Isaiah Jones</i>		14. MOTHER'S MAIDEN NAME <i>Mary E.</i>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) <i>No</i>		16. SOCIAL SECURITY NO.	
17. INFORMANT <i>Debra Allen</i>		ADDRESS <i>324 N. Gilman St.</i>	
18. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) <i>442X I Uremia</i>		INTERVAL BETWEEN ONSET AND DEATH <i>3 weeks</i>	
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. <i>(B) Hypertensive Cardio-vascular Renal Disease</i>			
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.			
19A. DATE OF OPERATION <i>3/14</i>		19B. MAJOR FINDINGS OF OPERATION	
20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>			
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH		21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)			
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
21F. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from <i>12/9</i> , 19 <i>52</i> to <i>3/28</i> , 1953 that I last saw the deceased alive on <i>3/14</i> , 1953, and that death occurred at <i>6 a.m.</i> , from the causes and on the date stated above.			
23A. SIGNATURE <i>Ralph W. Neill</i>		23B. ADDRESS <i>420 N. Gilman St.</i>	
23C. DATE SIGNED <i>3/30/53</i>			
24A. BURIAL, CREMATION, REMOVAL (Specify) <i>Burial</i>		24B. DATE <i>4/1/1953</i>	
24C. NAME OF CEMETERY OR CREMATORY <i>W.F. Cullen Cem.</i>		24D. LOCATION (City, town, or county) (State) <i>Balto. Md.</i>	
DATE RECEIVED BY LOCAL REGISTRAR <i>MAR 31 1953</i>		25. FUNERAL DIRECTOR <i>Mrs. Kate P. Williams</i>	
REGISTRAR'S SIGNATURE <i>Thurston Williams</i>		ADDRESS <i>322 N. Schermer St.</i>	

MEDICAL CERTIFICATION

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATHRegistered No. **53 3213****53 3213**
BIRTH NO.

1. NAME OF DECEASED (Type or Print) PAULINE RAWLES			2. DATE OF DEATH March 27, 1953		
3. PLACE OF DEATH: A. Baltimore City, Maryland			4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Maryland B. COUNTY		
B. FULL NAME OF (If not in hospital or institution, give street address or location) University Hospital			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore 12-05		
c. Length of stay in Baltimore Yrs. Mos. Days			D. STREET ADDRESS (If rural, give location) 423 E. Federal Street		
5. SEX Female	6. COLOR OR RACE Colored	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Single	8. DATE OF BIRTH May 5, 1926	9. AGE (In years last birthday) 26	10. Under 1 Year Months Days
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Machine Operator		10B. KIND OF BUSINESS OR INDUSTRY Rubber Heel Co.	11. BIRTHPLACE (State or foreign country) Balto. Md.		12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME Robert Rawles			14. MOTHER'S MAIDEN NAME Ellen Scott		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No		16. SOCIAL SECURITY NO.	17. INFORMANT ADDRESS Ellen Rawles 423 E. Federal St.		
18. E981X DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) (A) Gunshot wound of chest with due to penetration of aorta ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. (B) (C)					INTERVAL BETWEEN ONSET AND DEATH
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.					
19A. DATE OF OPERATION		19B. MAJOR FINDINGS OF OPERATION			20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
21A. EXTERNAL CAUSE WAS UNDERLYING <input checked="" type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH.		21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) house		21C. WHERE DID (If in Baltimore City, give exact location) INJURY OCCUR? 740 W. Fayette Street	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY March 26, 1953 10:45 P. M.		21E. INJURY OCCURRED WHILE AT <input type="checkbox"/> WORK NOT WHILE AT WORK <input checked="" type="checkbox"/>		21F. HOW DID INJURY OCCUR? Firearms	
22. I certify that I took charge of the remains described above, held an autopsy thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes <input type="checkbox"/> , accident <input type="checkbox"/> , suicide <input type="checkbox"/> , homicide <input checked="" type="checkbox"/> , undetermined <input type="checkbox"/> .					
23A. SIGNATURE R. K. Fisher		23B. CHIEF MEDICAL EXAMINER <input checked="" type="checkbox"/> ASSISTANT MEDICAL EXAMINER <input type="checkbox"/> MEDICAL INVESTIGATOR <input type="checkbox"/>		23C. DATE SIGNED March 27, 1953	
24A. BURIAL, CREMATION, REMOVAL (Specify) Burial		24B. DATE 4/1/1953		24C. NAME OF CEMETERY OR CREMATORY St. Lukes Cem. Bldg.	
24D. LOCATION (City, town, or county) (State) Md.		25. FUNERAL DIRECTOR Mrs. Kate R. Williams Schroeder St.			
DATE RECEIVED BY LOCAL REGISTRAR APR 1 1953		REGISTRAR'S SIGNATURE N 861.4			

2157

2158

A. 630

53 3214

BIRTH NO.

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 53 3214

1. NAME OF DECEASED (Type or Print) <i>William Harrod</i>			2. DATE OF DEATH <i>3/29/53</i>		
3. PLACE OF DEATH: A. Baltimore City, Maryland			4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE <i>MD.</i> B. COUNTY		
B. FULL NAME OF (If not in hospital or institution, give street address or location) <i>Provident Hospital</i>			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <i>Balto.</i> <i>17-03</i>		
C. Length of stay in Baltimore			D. STREET ADDRESS (If rural, give location) <i>845 Harlem Ave.</i>		
5. SEX <i>Male</i>	6. COLOR OR RACE <i>Ch.</i>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <i>Married</i>	8. DATE OF BIRTH <i>5/6/1976</i>		9. AGE (In years last birthday) <i>76</i>
10A. USUAL OCCUPATION (Give kind of work done during most of worklog life, even if retired) <i>unemployed</i>			10B. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) <i>Baltimore, Md</i>
12. CITIZEN OF WHAT COUNTRY? <i>U.S.A.</i>			13. FATHER'S NAME <i>Samuel Harrod</i>		
14. MOTHER'S MAIDEN NAME <i>Mary ?</i>			15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) <i>No</i>		
16. SOCIAL SECURITY NO.			17. INFORMANT ADDRESS <i>Flourence Harrod 845 Harlem Ave.</i>		

18. <i>148X</i> DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) <i>Carcinoma of Throat</i> DUE TO <i>Metastatic Carcinoma</i>		INTERVAL BETWEEN ONSET AND DEATH <i>?</i>
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		

19A. DATE OF OPERATION <i>0</i>		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)	21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)		
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY	21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21F. HOW DID INJURY OCCUR?		

22. I hereby certify that I attended the deceased from *3/24*, 1953, to *3/29*, 1953 that I last saw the deceased alive on *3/29*, 1953 and that death occurred at *1:35 A. m.*, from the causes and on the date stated above.

23A. SIGNATURE <i>Dr. Jackson</i>	23B. ADDRESS <i>1514 Division St.</i>	23C. DATE SIGNED <i>3/30/53</i>
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24A. BURIAL, CREMATION, REMOVAL (Specify) <i>Burial</i>	24B. DATE <i>Apr. 1 1953</i>	24C. NAME OF CEMETERY OR CREMATORY <i>St. Paul's Cem.</i>	24D. LOCATION (City, town, or county) (State) <i>Balto.</i>
DATE RECEIVED BY LOCAL REGISTRAR <i>MAR 31 1953</i>	REGISTRAR'S SIGNATURE <i>Huntington Williams, Jr.</i>	25. FUNERAL DIRECTOR <i>Mrs. Katie R. Williams, Schaefer St.</i>	

INTERNATIONAL BUREAU OF
CRIMINAL JUSTICE

1911

CHARTER OF 1907



53-320

BAETZ

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

53 3215
Registered No.

53 3215
BIRTH NO.

1. NAME OF DECEASED (Type or Print) <i>Baetz Elizabeth</i>			2. DATE OF DEATH <i>3/30/53</i>		
3. PLACE OF DEATH: A. Baltimore City, Maryland <i>Baetz, Md</i>			4. USUAL RESIDENCE (Where deceased lived, if institution; residence before admission) A. STATE <i>Md.</i> COUNTY <i>Baetz.</i>		
B. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION <i>Mary Hospital, Calverton</i>			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <i>Baltimore 28-04</i>		
C. Length of stay in Baltimore <i>Life</i>			D. STREET ADDRESS (If rural, give location) <i>406 Swann Ave Apt B#24</i>		
5. SEX <i>♀</i>	6. COLOR OR RACE <i>W</i>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <i>M</i>	8. DATE OF BIRTH <i>8-1-84</i>	9. AGE (in years last birthday) <i>68 yr</i>	10. Under 1 Year Months: Days 11. Under 24 Hours Hours: Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>Housewife</i>		10B. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) <i>unk.</i>	
13. FATHER'S NAME <i>unk.</i>			12. CITIZEN OF WHAT COUNTRY? <i>USA</i>		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) <i>unk.</i>			16. SOCIAL SECURITY NO.		17. INFORMANT <i>Husband.</i> ADDRESS <i>Same</i>

18. <i>420.1</i> DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		CAUSE OF DEATH (A) <i>Acute Myocardial Infarct 2 wks</i> DUE TO (B) DUE TO (C)		INTERVAL BETWEEN ONSET AND DEATH
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19A. DATE OF OPERATION		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
21A. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from <i>3/30</i> , 19 <i>53</i> , to <i>3/30</i> , 19 <i>53</i> , that I last saw the deceased alive on <i>3/30</i> , 19 <i>53</i> , and that death occurred at <i>7:20</i> m., from the causes and on the date stated above.					
23A. SIGNATURE <i>J. Rodas</i>		23B. ADDRESS <i>Mary Hosp</i>		23C. DATE SIGNED <i>3/30/53</i>	
24A. BURIAL, CREMATION, REMOVAL (Specify) <i>Burial</i>		24B. DATE <i>4-4-53</i>		24C. NAME OF CEMETERY OR CREMATORY <i>New Cathedral</i>	
24D. LOCATION (City, town, or county) <i>Balto. - Md</i>		24E. FUNERAL DIRECTOR <i>Huntington Williams, Md</i>		24F. ADDRESS <i>403 S. Wolfe St.</i>	

MEDICAL CERTIFICATION

STATE OF CALIFORNIA
DEPARTMENT OF HEALTH
BUREAU OF VITAL STATISTICS

STATE OF CALIFORNIA

DEPARTMENT OF HEALTH

BUREAU OF VITAL STATISTICS

STATE OF CALIFORNIA

DEPARTMENT OF HEALTH

BUREAU OF VITAL STATISTICS

STATE OF CALIFORNIA

DEPARTMENT OF HEALTH

BUREAU OF VITAL STATISTICS

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BUREAU OF VITAL STATISTICS

STATE OF CALIFORNIA

DEPARTMENT OF HEALTH

BUREAU OF VITAL STATISTICS

STATE OF CALIFORNIA

DEPARTMENT OF HEALTH

BUREAU OF VITAL STATISTICS

200

TO BE APPROVED BY MEDICAL EXAMINER

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No. 53 3216

53 3216

1. NAME OF DECEASED (Type or Print) <u>Dowis, Helen</u>			2. DATE OF DEATH <u>March 31, 1953</u>		
3. PLACE OF DEATH: A. Baltimore City, Maryland			4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE <u>Maryland</u> B. COUNTY <u>Baltimore</u>		
B. FULL NAME OF (If not in hospital or institution, give street address or location) <u>St. Joseph's Hospital</u>			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <u>Baltimore</u> <u>10-01</u>		
c. Length of stay in Baltimore			D. STREET ADDRESS (If rural, give location) <u>St. Little Sisters of the Poor-1200 Valley</u>		
5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>	8. DATE OF BIRTH	9. AGE (In years last birthday) <u>75</u>	If Under 1 Year Months: Days If Under 24 Hours Hours: Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10B. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) <u>Maryland</u>	
13. FATHER'S NAME <u>Andrew</u>			14. MOTHER'S MAIDEN NAME <u>Andrew</u>		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.		17. INFORMANT ADDRESS	

18. 491x and E903.7
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Bronchopneumonia

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B)

DUE TO

(C)

CAUSE OF DEATH

INTERVAL BETWEEN ONSET AND DEATH


CERTIFICATION APPROVED BY

CHIEF OR ASST. MEDICAL EXAMINER

Comminuted intertrochanteric fracture, rt. femur

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION <u>0</u>		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21A. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input checked="" type="checkbox"/> CAUSE OF DEATH	21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.) <u>Home</u>	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location) <u>Little Sisters of Poor 1200 Valley St.</u>			
21D. TIME (Month) (Day) (Year) (Hour) INJURY <u>2/27/53</u> m.	21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	21F. HOW DID INJURY OCCUR? <u>Fell to floor</u>			
22. I hereby certify that I attended the deceased from <u>February 28, 1953</u> to <u>March 31, 1953</u> , that I last saw the deceased alive on <u>March 31, 1953</u> and that death occurred at <u>5:10 a.m.</u> , from the causes and on the date stated above.					
23A. SIGNATURE <u>Rita Wiedefeld</u>		23B. ADDRESS <u>1100 N. Caroline Street</u>		23C. DATE SIGNED <u>March 31, 1953</u>	
24A. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24B. DATE <u>April 1, 1953</u>	24C. NAME OF CEMETERY OR CREMATORY <u>Loudon Park</u>		24D. LOCATION (City, town, or county) (State) <u>Baltimore</u>	
DATE RECEIVED BY LOCAL REGISTRAR <u>MAR 31 1953</u>		REGISTRAR'S SIGNATURE <u>Huntington Williams, M.D.</u>		25. FUNERAL DIRECTOR ADDRESS <u>Rita Wiedefeld 900 E. Biddle St</u>	



1999, 2000, 2001, 2002, 2003, 2004, 2005, 2006, 2007, 2008, 2009, 2010, 2011, 2012, 2013, 2014, 2015, 2016, 2017, 2018, 2019, 2020, 2021, 2022, 2023, 2024, 2025, 2026, 2027, 2028, 2029, 2030, 2031, 2032, 2033, 2034, 2035, 2036, 2037, 2038, 2039, 2040, 2041, 2042, 2043, 2044, 2045, 2046, 2047, 2048, 2049, 2050, 2051, 2052, 2053, 2054, 2055, 2056, 2057, 2058, 2059, 2060, 2061, 2062, 2063, 2064, 2065, 2066, 2067, 2068, 2069, 2070, 2071, 2072, 2073, 2074, 2075, 2076, 2077, 2078, 2079, 2080, 2081, 2082, 2083, 2084, 2085, 2086, 2087, 2088, 2089, 2090, 2091, 2092, 2093, 2094, 2095, 2096, 2097, 2098, 2099, 2100, 2101, 2102, 2103, 2104, 2105, 2106, 2107, 2108, 2109, 2110, 2111, 2112, 2113, 2114, 2115, 2116, 2117, 2118, 2119, 2120, 2121, 2122, 2123, 2124, 2125, 2126, 2127, 2128, 2129, 2130, 2131, 2132, 2133, 2134, 2135, 2136, 2137, 2138, 2139, 2140, 2141, 2142, 2143, 2144, 2145, 2146, 2147, 2148, 2149, 2150, 2151, 2152, 2153, 2154, 2155, 2156, 2157, 2158, 2159, 2160, 2161, 2162, 2163, 2164, 2165, 2166, 2167, 2168, 2169, 2170, 2171, 2172, 2173, 2174, 2175, 2176, 2177, 2178, 2179, 2180, 2181, 2182, 2183, 2184, 2185, 2186, 2187, 2188, 2189, 2190, 2191, 2192, 2193, 2194, 2195, 2196, 2197, 2198, 2199, 2200, 2201, 2202, 2203, 2204, 2205, 2206, 2207, 2208, 2209, 2210, 2211, 2212, 2213, 2214, 2215, 2216, 2217, 2218, 2219, 2220, 2221, 2222, 2223, 2224, 2225, 2226, 2227, 2228, 2229, 2230, 2231, 2232, 2233, 2234, 2235, 2236, 2237, 2238, 2239, 2240, 2241, 2242, 2243, 2244, 2245, 2246, 2247, 2248, 2249, 2250, 2251, 2252, 2253, 2254, 2255, 2256, 2257, 2258, 2259, 2260, 2261, 2262, 2263, 2264, 2265, 2266, 2267, 2268, 2269, 2270, 2271, 2272, 2273, 2274, 2275, 2276, 2277, 2278, 2279, 2280, 2281, 2282, 2283, 2284, 2285, 2286, 2287, 2288, 2289, 2290, 2291, 2292, 2293, 2294, 2295, 2296, 2297, 2298, 2299, 2300, 2301, 2302, 2303, 2304, 2305, 2306, 2307, 2308, 2309, 2310, 2311, 2312, 2313, 2314, 2315, 2316, 2317, 2318, 2319, 2320, 2321, 2322, 2323, 2324, 2325, 2326, 2327, 2328, 2329, 2330, 2331, 2332, 2333, 2334, 2335, 2336, 2337, 2338, 2339, 2340, 2341, 2342, 2343, 2344, 2345, 2346, 2347, 2348, 2349, 2350, 2351, 2352, 2353, 2354, 2355, 2356, 2357, 2358, 2359, 2360, 2361, 2362, 2363, 2364, 2365, 2366, 2367, 2368, 2369, 2370, 2371, 2372, 2373, 2374, 2375, 2376, 2377, 2378, 2379, 2380, 2381, 2382, 2383, 2384, 2385, 2386, 2387, 2388, 2389, 2390, 2391, 2392, 2393, 2394, 2395, 2396, 2397, 2398, 2399, 2400, 2401, 2402, 2403, 2404, 2405, 2406, 2407, 2408, 2409, 2410, 2411, 2412, 2413, 2414, 2415, 2416, 2417, 2418, 2419, 2420, 2421, 2422, 2423, 2424, 2425, 2426, 2427, 2428, 2429, 2430, 2431, 2432, 2433, 2434, 2435, 2436, 2437, 2438, 2439, 2440, 2441, 2442, 2443, 2444, 2445, 2446, 2447, 2448, 2449, 2450, 2451, 2452, 2453, 2454, 2455, 2456, 2457, 2458, 2459, 2460, 2461, 2462, 2463, 2464, 2465, 2466, 2467, 2468, 2469, 2470, 2471, 2472, 2473, 2474, 2475, 2476, 2477, 2478, 2479, 2480, 2481, 2482, 2483, 2484, 2485, 2486, 2487, 2488, 2489, 2490, 2491, 2492, 2493, 2494, 2495, 2496, 2497, 2498, 2499, 2500, 2501, 2502, 2503, 2504, 2505, 2506, 2507, 2508, 2509, 2510, 2511, 2512, 2513, 2514, 2515, 2516, 2517, 2518, 2519, 2520, 2521, 2522, 2523, 2524, 2525, 2526, 2527, 2528, 2529, 2530, 2531, 2532, 2533, 2534, 2535, 2536, 2537, 2538, 2539, 2540, 2541, 2542, 2543, 2544, 2545, 2546, 2547, 2548, 2549, 2550, 2551, 2552, 2553, 2554, 2555, 2556, 2557, 2558, 2559, 2560, 2561, 2562, 2563, 2564, 2565, 2566, 2567, 2568, 2569, 2570, 2571, 2572, 2573, 2574, 2575, 2576, 2577, 2578, 2579, 2580, 2581, 2582, 2583, 2584, 2585, 2586, 2587, 2588, 2589, 2590, 2591, 2592, 2593, 2594, 2595, 2596, 2597, 2598, 2599, 2600, 2601, 2602, 2603, 2604, 2605, 2606, 2607, 2608, 2609, 2610, 2611, 2612, 2613, 2614, 2615, 2616, 2617, 2618, 2619, 2620, 2621, 2622, 2623, 2624, 2625, 2626, 2627, 2628, 2629, 2630, 2631, 2632, 2633, 2634, 2635, 2636, 2637, 2638, 2639, 2640, 2641, 2642, 2643, 2644, 2645, 2646, 2647, 2648, 2649, 2650, 2651, 2652, 2653, 2654, 2655, 2656, 2657, 2658, 2659, 2660, 2661, 2662, 2663, 2664, 2665, 2666, 2667, 2668, 2669, 2670, 2671, 2672, 2673, 2674, 2675, 2676, 2677, 2678, 2679, 2680, 26

100

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BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATHRegistered No. **53 3217**BIRTH NO. **53 3217**1. NAME OF DECEASED
(Type or Print)**JOHN McC. MOWBRAY, JR.**2. DATE
OF
DEATH**March 29, 1953**

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE

Maryland

B. COUNTY

5. FULL NAME OF (If not in hospital or institution, give street address or location)

HOSPITAL OR INSTITUTION

Charles & 34th Streets

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Baltimore

D. STREET ADDRESS (If rural, give location)

Charles & 34th Streets

c. Length of stay in Baltimore

Yrs.
Mos.
Days

5. SEX

Male

6. COLOR OR RACE

White

7. SINGLE, MARRIED,

WIDOWED, DIVORCED (Specify)

Single

8. DATE OF BIRTH

July 20, 1924

9. AGE (In years last birthday)

28

If Under 1 Year

Months Days

If Under 24 Hours

Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Asst. Manager

10B. KIND OF BUSINESS OR INDUSTRY

Real Estate

11. BIRTHPLACE (State or foreign country)

Baltimore

12. CITIZEN OF WHAT COUNTRY?

U.S.

13. FATHER'S NAME

John McC. Mowbray Sr.

14. MOTHER'S MAIDEN NAME

Margaret Corbett Mowbray

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)

(If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

215-15-5000

17. INFORMANT

ADDRESS

rd.

Mrs. Margaret Mowbray 1404 Reisterstown18. **E976X**

CAUSE OF DEATH

INTERVAL BETWEEN ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH

(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) **Gunshot wound of head**

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B) DUE TO

(C)

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒21A. EXTERNAL CAUSE WAS UNDERLYING ☒ OR CONTRIBUTING ☐ CAUSE OF DEATH.

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

Home

21C. WHERE DID INJURY OCCUR?

(If in Baltimore City, give exact location)

Cambridge Arms Apartments**Charles & 34th Streets**

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

March 29, 1953 8:10 P.m.

21E. INJURY OCCURRED

WHILE AT WORK ☐NOT WHILE AT WORK ☒

21F. HOW DID INJURY OCCUR?

Shot self in head22. I certify that I took charge of the remains described above, held an **Inspection & Inquiry** thereon and from **Autopsy, Inspection or Inquiry** the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☐, suicide ☒, homicide ☐, undetermined ☐.

23A. SIGNATURE

William Wiedefeld

M.D.

23B. CHIEF MEDICAL EXAMINER ☐MEDICAL INVESTIGATOR ☒

23C. DATE SIGNED

March 30, 1953

24A. BURIAL, CREMATION, REMOVAL (Specify)

Burial

24B. DATE

April 1, 1953

24C. NAME OF CEMETERY OR CREMATORY

Druid Ridge

24D. LOCATION (City, town, or county)

Pikesville

(State)

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

Huntington Williams, M.D.

25. FUNERAL DIRECTOR

ADDRESS

Rita Wiedefeld 900 E. Biddle St

VS 151

N 803.4**29074**

THE COMPTON PATENT TYPE-SETTING MACHINE

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-263
53 3218BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH53 3218
Registered No.

BIRTH NO.		1. NAME OF DECEASED (Type or Print)		2. DATE OF DEATH	
		PAUL WILLIAM ECKERT		Mar. 29, 1953	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)			
B. FULL NAME OF HOSPITAL OR INSTITUTION		A. STATE Md.			
3315 Dorchester Rd.		B. COUNTY			
C. Length of stay in Baltimore		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)			
Yrs. Mos. Days		Baltimore 15-11			
5. SEX male		D. STREET ADDRESS (If rural, give location)			
6. COLOR OR RACE white		3315 Dorchester Rd.			
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) married		8. DATE OF BIRTH			
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) retired owner		Sept. 30, 1890			
10B. KIND OF BUSINESS OR INDUSTRY New Service		9. AGE (In years last birthday) 62			
13. FATHER'S NAME William Eckert		11. BIRTHPLACE (State or foreign country) New York			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (If yes, give war or dates of service) yes World War No. 1		12. CITIZEN OF WHAT COUNTRY?			
16. SOCIAL SECURITY NO.		14. MOTHER'S MAIDEN NAME Dorothy Newmann			
17. INFORMANT Mrs. Paul Eckert-3315 Dorchester Rd.		ADDRESS			
18. 442X DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) DUE TO Heller's sclerosis Cardiovascular collapse Arterio sclerosis with hypertension? Uræmia panurea INTERVAL BETWEEN ONSET AND DEATH 3 wks 3 wks		CAUSE OF DEATH			
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.					
19A. DATE OF OPERATION		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21A. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH		21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT <input type="checkbox"/> WORK NOT WHILE <input type="checkbox"/> AT WORK		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from 3/12, 1953, to 3/30, 1953, that I last saw the deceased alive on 3/30, 1953, and that death occurred at 9:54 A.M., from the causes and on the date stated above.					
23A. SIGNATURE Darius P. Magie		23B. ADDRESS 3316 Hudson St.		23C. DATE SIGNED 3/30/53	
24A. BURIAL, CREMATION, REMOVAL (Specify) Burial		24B. DATE 4/1/53		24C. NAME OF CEMETERY OR CREMATORY Woodlawn Cem.	
DATE RECEIVED BY LOCAL REGISTRAR MAR 31 1953		REGISTRAR'S SIGNATURE Huntington, William		24D. LOCATION (City, town, or county) (State) Woodlawn, Md.	
VS 150		25. FUNERAL DIRECTOR J. Pickner & Sons		ADDRESS Baths 17, Md.	

29082

1955

RECEIVED
FEDERAL BUREAU OF INVESTIGATION
U. S. DEPARTMENT OF JUSTICE

1955

1955



53 3219

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

53 3219
Registered No.

BIRTH NO.

1. NAME OF DECEASED (Type or Print) <i>Hodge Carol Lee</i>			2. DATE OF DEATH Mar. 31, 1953		
3. PLACE OF DEATH: A. Baltimore City, Maryland			4. USUAL RESIDENCE (Where deceased lived, if institution: residence before admission) A. STATE _____ B. COUNTY _____		
5. FULL NAME OF HOSPITAL OR INSTITUTION <i>Mercy Hospital</i>			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <i>Baltimore 9-06</i>		
6. Length of stay in Baltimore Yrs. _____ Mos. _____ Days _____			D. STREET ADDRESS (If rural, give location) <i>2799 Alameda Blvd.</i>		
5. SEX <i>F.</i>	6. COLOR OR RACE <i>W</i>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <i>Single</i>	8. DATE OF BIRTH <i>Sep. 25 / 1946</i>	9. AGE (In years last birthday) <i>6</i>	10. Under 1 Year Months: Days _____ If Under 24 Hours Hours: Min. _____
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>None</i>			11. BIRTHPLACE (State or foreign country) <i>West Virginia</i>		12. CITIZEN OF WHAT COUNTRY? <i>USA</i>
13. FATHER'S NAME <i>Thurman Hodge</i>			14. MOTHER'S MAIDEN NAME <i>Maunie Pennington</i>		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) <i>No</i>			16. SOCIAL SECURITY NO. <i>None</i>		
			17. INFORMANT ADDRESS <i>Mr. Thurman L. Hodge Bluefield W. Va.</i>		

CAUSE OF DEATH

18. <i>340.1</i> DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) <i>meningitis (pneumococcus)</i>	INTERVAL BETWEEN ONSET AND DEATH
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. <i>Cardiac - respiratory failure</i>	
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.	

19A. DATE OF OPERATION <i>0</i>	19B. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
21A. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH	21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME (Month) (Day) (Year) (Hour) INJURY	21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21F. HOW DID INJURY OCCUR?
22. I hereby certify that I attended the deceased from <i>3/30</i> , 1953, to <i>3/31</i> , 1953 that I last saw the deceased alive on <i>3/31</i> , 1953, and that death occurred at <i>2:00</i> p.m., from the causes and on the date stated above.		
23A. SIGNATURE <i>Alfredo Barcanas</i>	23B. ADDRESS <i>Mercy Hosp</i>	23C. DATE SIGNED <i>3/31/53</i>

24A. BURIAL, CREMATION, REMOVAL (Specify) <i>Removal</i>	24B. DATE <i>3/31/53</i>	24C. NAME OF CEMETERY OR CREMATORY <i>Woodlawn Cem.</i>	24D. LOCATION (City, town, or county) (State) <i>Bluefield W. Va.</i>
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DATE RECEIVED BY LOCAL REGISTRAR <i>MAR 31 1953</i>	REGISTRAR'S SIGNATURE <i>Huntington Williams</i>	25. FUNERAL DIRECTOR <i>Wm. J. Trechner & Sons Inc</i>	ADDRESS <i>Belts rd</i>
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Information from Bureau of Communicable Disease

4/13/53

250

53 3220

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH53 3220
Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Emma Jackson

2. DATE

OF DEATH March-30-1953

3. PLACE OF DEATH:

A. Baltimore City, Maryland Balto. City

B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location)

1808 Druid Hill Avenue

C. Length of stay in Baltimore

60 Yrs.

Yrs.
Mos.
Days

5. SEX

Female

6. COLOR OR RACE

Col.

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)

Single

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Domestic

10B. KIND OF BUSINESS OR INDUSTRY

Private

13. FATHER'S NAME

Alexander Hollin Jackson

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)

No

16. SOCIAL SECURITY NO.

8. DATE OF BIRTH

Sept.-28-1884

9. AGE (in years last birthday)

68

If Under 1 Year Months Days If Under 24 Hours Hours Min.

11. BIRTHPLACE (State or foreign country)

Howard Co. Md.

12. CITIZEN OF WHAT COUNTRY?
U.S.A.

14. MOTHER'S MAIDEN NAME

Lenora Green

17. INFORMANT

ADDRESS

Edith Hollin 1808 Druid Hill Ave

18. 450.0

CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH

(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A)
DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B)
DUE TO
(C)

INTERVAL BETWEEN ONSET AND DEATH

1 month
?
2 monthsII
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED

WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 1900 to 1939, 1939 that I last saw the deceased alive on 3-30-1953 and that death occurred at 12:30 m., from the causes and on the date stated above.

23A. SIGNATURE

M. D.

23B. ADDRESS

23C. DATE SIGNED

24A. BURIAL, CREMATION, REMOVAL (Specify)

Burial

24B. DATE

4/1/1953

24C. NAME OF CEMETERY OR CREMATORY

Mt Arburn Cem.

24D. LOCATION (City, town, or county)

Baltimore

(State)

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

APR 1 1953

Huntington Williams, M.D. Elroy O. Wilson 1000 Bently up

VS 150

720FA

MEDICAL CERTIFICATION

MAF/168807

3 3221

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

53 3221
Registered No.

BIRTH NO. 53-06529

1. NAME OF DECEASED
(Type or Print)

Baby Boy Maden (Evelyn)

2. DATE OF DEATH
Mar. 21, 1953

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF (If not in hospital or institution, give street address or location)

Baltimore City Hospitals
4940 Eastern Avenue

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE Maryland B. COUNTY

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)
Baltimore 12-05

D. STREET ADDRESS (If rural, give location)
2003 Maryland Avenue

c. Length of stay in Baltimore

2 days

Yrs.
Mos.
Days

5. SEX

M

6. COLOR OR RACE

White

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)

Single

8. DATE OF BIRTH

Mar. 19, 1953

9. AGE (In years, last birthday)

If Under 1 Year Months Days Hours Min.
2

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

10B. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country)

Maryland

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME

Charles Maden

14. MOTHER'S MAIDEN NAME

Evelyn Norton

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT ADDRESS
Records: Balto. City Hospitals
4940 Eastern Ave.

18. 776 x 1

CAUSE OF DEATH

INTERVAL BETWEEN ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthma, etc. It means the disease, injury or complication which caused death.)

(A) Prematurity

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B)

DUE TO

(C)

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☒ NO ☐

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

WHILE AT WORK ☐ NOT WHILE AT WORK ☐

22. I hereby certify that I attended the deceased from 3-19, 1953, to 3-21, 1953, that I last saw the deceased alive on 3-21, 1953, and that death occurred at 5:30 A. M., from the causes and on the date stated above.

23A. SIGNATURE

H. J. Williams, M.D.

M. D.

23B. ADDRESS

4940 Eastern Ave., Balto. Md.

23C. DATE SIGNED

3-21-53

24A. BURIAL, CREMATION, REMOVAL (Specify)

Cremated

24B. DATE

3-24-53

24C. NAME OF CEMETERY OR CREMATORY

Baltimore City Hospital

24D. LOCATION (City, town, or county)

4940 Eastern Ave.

(State)

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

Huntington Williams, M.D.

25. FUNERAL DIRECTOR

H. J. Williams

MEDICAL CERTIFICATION

ISSUE

DATE

REMARKS

CHARTER OF DEATH

REMARKS

DATE

REMARKS

CHARTER OF DEATH

REMARKS

REMARKS

REMARKS

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REMARKS

REMARKS

-542
53 3222
04819BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 53 3222

BIRTH NO.		1. NAME OF DECEASED (Type or Print) Baby Boy - Mary Daniels		2. DATE OF DEATH Feb. 28, 1953	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Maryland B. COUNTY			
B. FULL NAME OF HOSPITAL OR INSTITUTION Baltimore City Hospitals 4940 Eastern Avenue		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore 7-0-5			
C. Length of stay in Baltimore life		D. STREET ADDRESS (If rural, give location) 1634 Milliman Street			
5. SEX Male	6. COLOR OR RACE Negro	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Single	8. DATE OF BIRTH Feb. 28, 1953	9. AGE (In years last birthday) Newborn	If Under 1 Year Months: Days Hours: Min. 50
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10B. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) Maryland	
13. FATHER'S NAME James Mayo		14. MOTHER'S MAIDEN NAME Mary Margaret Burell			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)		16. SOCIAL SECURITY NO.		17. INFORMANT ADDRESS B.C.H. 4940 Eastern Ave. (record)	
18. 760.5 I DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) (A) Prematurity DUE TO ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. (B) Question of Interacranial Hemorrhage DUE TO (C)		CAUSE OF DEATH INTERVAL BETWEEN ONSET AND DEATH			
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.					
19A. DATE OF OPERATION		19B. MAJOR FINDINGS OF OPERATION			20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
21A. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH		21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from 2-28-1953, to 2-28-1953 that I last saw the deceased alive on 2-28-1953, and that death occurred at 10:45 a.m. from the causes and on the date stated above.					
23A. SIGNATURE H. J. Williams		23B. ADDRESS M. O. 4940 Eastern Avenue		23C. DATE SIGNED	
24A. BURIAL, CREMATION, REMOVAL (Specify) Cremated		24B. DATE 3-3-1953		24C. NAME OF CEMETERY OR CREMATORY B. C. H. Disposal	
24D. LOCATION (City, town, or county) (State) 4940 Eastern Avenue		25. FUNERAL DIRECTOR ADDRESS Huntington Williams, M.D. 2400 Disposal			

DEPARTMENT OF HEALTH
CERTIFICATE OF DEATH

1. Name of deceased		2. Sex		3. Age	
4. Date of death		5. Time of death		6. Place of death	
7. Cause of death		8. Manner of death		9. Signature of physician	
10. Signature of registrar		11. Signature of medical examiner		12. Signature of coroner	
13. Signature of funeral director		14. Signature of undertaker		15. Signature of cemetery	
16. Signature of hospital		17. Signature of nursing home		18. Signature of other institution	
19. Signature of family		20. Signature of friends		21. Signature of neighbors	
22. Signature of community		23. Signature of church		24. Signature of school	
25. Signature of other		26. Signature of other		27. Signature of other	
28. Signature of other		29. Signature of other		30. Signature of other	
31. Signature of other		32. Signature of other		33. Signature of other	
34. Signature of other		35. Signature of other		36. Signature of other	
37. Signature of other		38. Signature of other		39. Signature of other	
40. Signature of other		41. Signature of other		42. Signature of other	
43. Signature of other		44. Signature of other		45. Signature of other	
46. Signature of other		47. Signature of other		48. Signature of other	
49. Signature of other		50. Signature of other		51. Signature of other	
52. Signature of other		53. Signature of other		54. Signature of other	
55. Signature of other		56. Signature of other		57. Signature of other	
58. Signature of other		59. Signature of other		60. Signature of other	
61. Signature of other		62. Signature of other		63. Signature of other	
64. Signature of other		65. Signature of other		66. Signature of other	
67. Signature of other		68. Signature of other		69. Signature of other	
70. Signature of other		71. Signature of other		72. Signature of other	
73. Signature of other		74. Signature of other		75. Signature of other	
76. Signature of other		77. Signature of other		78. Signature of other	
79. Signature of other		80. Signature of other		81. Signature of other	
82. Signature of other		83. Signature of other		84. Signature of other	
85. Signature of other		86. Signature of other		87. Signature of other	
88. Signature of other		89. Signature of other		90. Signature of other	
91. Signature of other		92. Signature of other		93. Signature of other	
94. Signature of other		95. Signature of other		96. Signature of other	
97. Signature of other		98. Signature of other		99. Signature of other	
100. Signature of other		101. Signature of other		102. Signature of other	

AB-97790

BIRTH NO.

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 53 3223

1. NAME OF DECEASED
(Type or Print)

Charles O. Wood

2. DATE
OF
DEATH

March 15-1953

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence

A. STATE

Maryland

B. COUNTY

before admission)

5. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR Baltimore City Hospitals
INSTITUTION 4940 Eastern Ave.

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Baltimore

D. STREET ADDRESS (If rural, give location)

Baltimore City Hospitals-4940 Eastern Ave

c. Length of stay in Baltimore

Life

Yrs.
Mos.
Days

5. SEX

M

6. COLOR OR RACE

W

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

Divorced

8. DATE OF BIRTH

Dec. 21-1878

9. AGE (In years
last birthday)

74

If Under 1 Year
Months DaysIf Under 24 Hours
Hours Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)10B. KIND OF BUSINESS OR
INDUSTRY

11. BIRTHPLACE (State or foreign country)

Maryland

12. CITIZEN OF
WHAT COUNTRY?

13. FATHER'S NAME

James H. Wood (D)

14. MOTHER'S MAIDEN NAME

Mary C. Morton (D)

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)16. SOCIAL
SECURITY NO.17. INFORMANT 4940 Eastern Ave. ADDRESS
Records: Baltimore City Hospitals

1B. 491X

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A) Bronchopneumonia

DUE TO

4 days

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B)

DUE TO

(C)

II
OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

m.

WHILE AT
WORK ☐NOT WHILE
AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 5-4-1944, to 3-15-1953, that I last saw the
deceased alive on 3-15-1953, and that death occurred at 2:15 PM m., from the causes and on the date stated above.

23A. SIGNATURE

23B. ADDRESS

23C. DATE SIGNED

M. D.

4940 Eastern Ave., Baltimore, Md. 3-25-1953

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county)

(State)

JOHN HOPKINS MEDICAL SCHOOL MAR 30 1953

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

Huntington Williams, M.D.

Huntington Williams, M.D.

532
AB-158139
53 3224BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No.

53 3224

1. NAME OF DECEASED (Type or Print) Grant Lindsay		2. DATE OF DEATH March 14-1953	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution, residence before admission) A. STATE Maryland B. COUNTY 17-02	
B. FULL NAME OF HOSPITAL OR INSTITUTION Baltimore City Hospitals 4940 Eastern Ave.		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore	
c. Length of stay in Baltimore 40yrs.?		D. STREET ADDRESS (If rural, give location) 520 Oxford St. 3rd.floor	
5. SEX M	6. COLOR OR RACE N	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Single	8. DATE OF BIRTH ?
9. AGE (In years last birthday) 60?		10. Under 1 Year Months: Days 11. Under 24 Hours Hours: Min.	
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10B. KIND OF BUSINESS OR INDUSTRY	
11. BIRTHPLACE (State or foreign country) S.C.		12. CITIZEN OF WHAT COUNTRY?	
13. FATHER'S NAME Press Crowford		14. MOTHER'S MAIDEN NAME Lottie?	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.	
17. INFORMANT Records:		ADDRESS Baltimore City Hospitals-4940 Eastern Ave.	
18. 420.1 DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) Myocardial Infarction (A) DUE TO ANTECEDENT CAUSES (B) DUE TO (C) DUE TO OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		INTERVAL BETWEEN ONSET AND DEATH	
19A. DATE OF OPERATION 0		19B. MAJOR FINDINGS OF OPERATION	
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
21A. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)		21D. TIME (Month) (Day) (Year) (Hour) OF INJURY	
21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from 4-8 , 19 52 , to 3-14 , 19 53 that I last saw the deceased alive on 3-14 , 19 53 , and that death occurred at 5.15A. , from the causes and on the date stated above.			
23A. SIGNATURE H. J. Williams		23B. ADDRESS 4940 Eastern Ave., Baltimore, Md.	
23C. DATE SIGNED 3-23-1953		M. D.	
24A. BURIAL, CREMATION, REMOVAL (Specify)		24B. DATE	
24C. NAME OF CEMETERY OR CREMATORY JOHN HOPKINS MEDICAL SCHOOL		24D. LOCATION (City, town, or county) (State) MAR 30 1953	
DATE RECEIVED BY LOCAL REGISTRAR APR 1-1953		REGISTRAR'S SIGNATURE Huntington Williams, M.D.	
25. FUNERAL DIRECTOR		ADDRESS	

STATE OF CALIFORNIA
DEPARTMENT OF HEALTH
CERTIFICATE OF DEATH

1954-1-10

1954-1-10

1954-1-10

1954-1-10

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1954-1-10

CAUSE OF DEATH

1954-1-10

1954-1-10

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1954-1-10

**BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH**

53 3225
Registered No.

BIRTH NO.

1. NAME OF DECEASED (Type or Print) CHARLES WILSON			2. DATE OF DEATH March 11, 1953		
3. PLACE OF DEATH: A. Baltimore City, Maryland			4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Maryland B. COUNTY		
B. FULL NAME OF HOSPITAL OR INSTITUTION Baltimore City Hospitals			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore 22-02		
D. STREET ADDRESS (If rural, give location) 209 W. Dover Street			E. LENGTH OF STAY IN BALTIMORE Yrs. Mos. Days		
5. SEX Male	6. COLOR OR RACE Colored	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) W	8. DATE OF BIRTH U		9. AGE (In years last birthday) 41
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10B. KIND OF BUSINESS OR INDUSTRY K	11. BIRTHPLACE (State or foreign country) N K		12. CITIZEN OF WHAT COUNTRY? N
13. FATHER'S NAME N O			14. MOTHER'S MAIDEN NAME W		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO. N	17. INFORMANT N ADDRESS		

18. 431X I DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthma, etc. It means the disease, injury or complication which caused death.) Acute myocarditis (A) DUE TO ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. (B) DUE TO (C) OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.	CAUSE OF DEATH INTERVAL BETWEEN ONSET AND DEATH
--	--

19A. DATE OF OPERATION		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
21A. EXTERNAL CAUSE WAS PRIMARY <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH.		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT <input type="checkbox"/> WORK NOT WHILE <input type="checkbox"/> AT WORK		21F. HOW DID INJURY OCCUR?	

22. I certify that I took charge of the remains described above, held an Autopsy thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐.

23A. SIGNATURE *William H. ...* 23B. CHIEF MEDICAL EXAMINER..... 23C. DATE SIGNED **March 12, 1953**
M.D. ASSISTANT MEDICAL EXAMINER..... MEDICAL INVESTIGATOR.....

24A. BURIAL, CREMATION, REMOVAL (Specify) 24B. DATE 24C. NAME OF CEMETERY OR CREMATORY **JOHN HOPKINS MEDICAL SCHOOL** 24D. LOCATION (City, town, or county) (State) **MAR 3 1953**

DATE RECEIVED BY LOCAL REGISTRAR **APR 1 1953** REGISTRAR'S SIGNATURE *Huntington Williams, M.D.* 25. FUNERAL DIRECTOR *Huntington Williams, M.D.* ADDRESS

STATE OF NEW YORK
DEPARTMENT OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

NAME OF DECEASED

DATE OF DEATH

PLACE OF DEATH

Cause of Death

Signature of Physician

Signature of Registrar

Signature of Coroner

Signature of Medical Examiner

Signature of Health Officer

Signature of County Clerk

Signature of Town Clerk

Signature of Village Clerk

Signature of Ward Clerk

Signature of Precinct Clerk

Signature of Polling Place Clerk

Signature of Election Officer

Signature of County Judge

Signature of County Sheriff

Signature of County Treasurer

Signature of County Comptroller

Signature of County Assessor

Signature of County Engineer

Signature of County Surveyor

Signature of County Clerk

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATHRegistered No. 53 3226BIRTH NO. 57-004591. NAME OF DECEASED
(Type or Print)

MICHAEL

RAY

2. DATE
OF
DEATH

March 30, 1953

3. PLACE OF DEATH:

A. Baltimore City, Maryland Balto. City

4. USUAL RESIDENCE (Where deceased lived. If institution: residence

A. STATE

Maryland

B. COUNTY

before admission)

B. FULL NAME OF (If not in hospital or institution, give street address or location)

1316 N. Bentalou Street

C. CITY OR TOWN

Baltimore

D. STREET ADDRESS (If rural, give location)

1416 N. Bentalou Street

c. Length of stay in Baltimore

Life

5. SEX

Male

6. COLOR OR RACE

Colored

7. SINGLE, MARRIED,

WIDOWED, DIVORCED (Specify)

Single

8. DATE OF BIRTH

Jan.-9-1951

9. AGE (in years

last birthday)

2

10. Under 1 Year

Months Days

11. Under 24 Hours

Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

None

10B. KIND OF BUSINESS OR INDUSTRY

None

11. BIRTHPLACE (State or foreign country)

Baltimore

12. CITIZEN OF WHAT COUNTRY?

U.S.A.

13. FATHER'S NAME

Frederick M. Ray

14. MOTHER'S MAIDEN NAME

Hypatha A. Sanders

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)

No

16. SOCIAL SECURITY NO.

17. INFORMANT

ADDRESS

Frederick M. Ray 1316 Bentalou St.

18.

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH

(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Chronic capillary bronchitis

ANTECEDENT CAUSES

(B) Bronchopneumonia

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

DUE TO

(C)

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

INTERVAL BETWEEN ONSET AND DEATH

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☒ NO ☐21A. EXTERNAL CAUSE WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH.

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED

m.

WHILE AT WORK ☐NOT WHILE AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I certify that I took charge of the remains described above, held an Autopsy thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐.

23A. SIGNATURE

23B. CHIEF MEDICAL EXAMINER ☐

23C. DATE SIGNED

M.D. MEDICAL INVESTIGATOR ☒

March 30, 1953

24A. BURIAL, CREMATION, REMOVAL (Specify)

Burial

24B. DATE

4/2/1953

24C. NAME OF CEMETERY OR CREMATORY

Mt Calvary Cem.

24D. LOCATION (City, town, or county)

Brooklyn Md.

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

UNITED STATES DEPARTMENT OF AGRICULTURE
BUREAU OF PLANT INDUSTRY

1. Name of the plant or animal: *...*

2. Locality: *...*

3. Date of collection: *...*

4. Collector: *...*

5. Description: *...*

6. Remarks: *...*

7. Distribution: *...*

8. Uses: *...*

9. Other: *...*

653
53 3227

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

53 3227

Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Evelyn Bryant

2. DATE
OF
DEATH

3/30/53

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived If institution: residence before admission)

A. STATE

B. COUNTY

Md.

B. FULL NAME OF (If not in hospital or institution, give street address or location)

University Hospital

C. CITY OR TOWN

(If outside corporate limits, write RURAL and give township)

Baltimore

16-04

D. STREET ADDRESS (If rural, give location)

1929 Harlem Ave

c. Length of stay in Baltimore

Yrs.
Mos.
Days

5. SEX

6. COLOR OR RACE

7. SINGLE, (MARRIED, WIDOWED, DIVORCED) (Specify)

8. DATE OF BIRTH

9. AGE (In years last birthday)

If Under 1 Year Months: Days

If Under 24 Hours Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

10B. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country)

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME

14. MOTHER'S MAIDEN NAME

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT

ADDRESS

18.

330X

CAUSE OF DEATH

INTERVAL BETWEEN ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH

(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A)

Subarachnoid Hemorrhage

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B)

Ruptured Intracerebral Aneurysm

DUE TO

(C)

Hypertension

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐

21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) INJURY

21E. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 3/30/53 to 3/30, 1953 that I last saw the deceased alive on 3/30, 1953 and that death occurred at 4 A. m., from the causes and on the date stated above.

23A. SIGNATURE

Ray Pryor

M. D.

23B. ADDRESS

University Hosp.

23C. DATE SIGNED

3/30/53

24A. BURIAL, CREMATION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county)

(State)

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

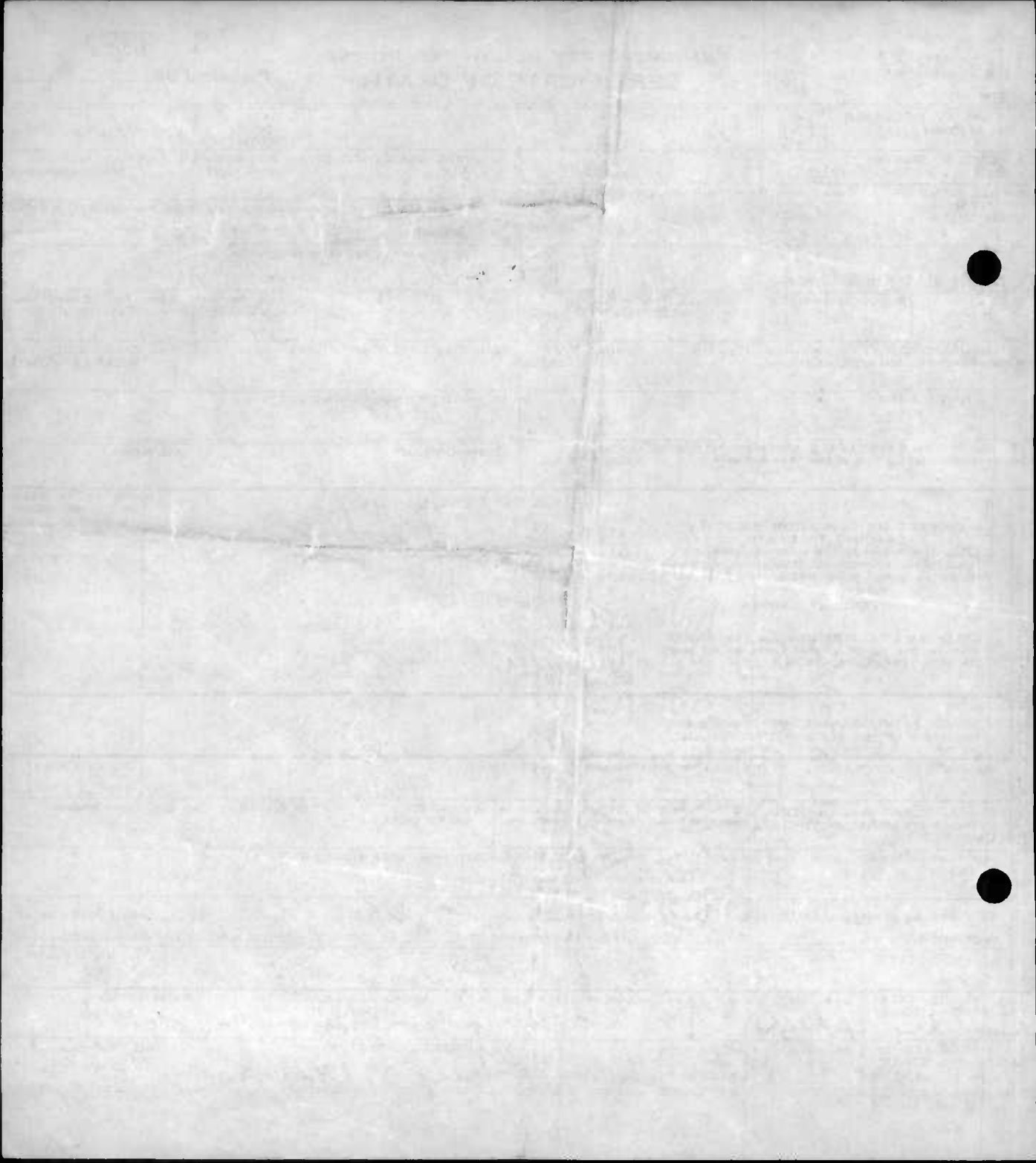
ADDRESS

Huntington Williams, M. D. 1100 Broadway

APR 1 1953

VS 150

MEDICAL CERTIFICATION



**BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH**

53 3228
Registered No. _____

BIRTH NO. _____

1. NAME OF DECEASED (Type or Print)		2. DATE OF DEATH	
WILLIAM BALLANCE		March 2, 1953	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)	
B. FULL NAME OF HOSPITAL OR INSTITUTION South Baltimore General Hospital		A. STATE North Carolina	
C. Length of stay in Baltimore		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)	
5. SEX Male		8. DATE OF BIRTH N	
6. COLOR OR RACE White		9. AGE (In years last birthday) 50	
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) O		10. CITIZEN OF WHAT COUNTRY? W	
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		11. BIRTH PLACE (State or foreign country) W	
10B. KIND OF BUSINESS OR INDUSTRY K		12. CITIZEN OF WHAT COUNTRY? W	
13. FATHER'S NAME O		14. MOTHER'S MAIDEN NAME N	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)		16. SOCIAL SECURITY NO. N	
17. INFORMANT		ADDRESS	

18. 422.1 and 322.0 DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)	CAUSE OF DEATH Arteriosclerotic cardiovascular disease
ANTECEDENT CAUSES	
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.	
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.	Acute alcoholism

19A. DATE OF OPERATION		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
21A. EXTERNAL CAUSE WAS PRIMARY <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH.		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	

22. I certify that I took charge of the remains described above, held an Partial Autopsy thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐.

23A. SIGNATURE <i>J. B. Fisher</i>		23B. CHIEF MEDICAL EXAMINER <input checked="" type="checkbox"/> ASSISTANT MEDICAL EXAMINER <input type="checkbox"/> MEDICAL INVESTIGATOR <input type="checkbox"/>		23C. DATE SIGNED March 3, 1953	
---------------------------------------	--	---	--	-----------------------------------	--

24A. BURIAL, CREMATION, REMOVAL (Specify)		24B. DATE		24C. NAME OF CEMETERY OR CREMATORY		24D. LOCATION (City, town, or county) (State)	
---	--	-----------	--	------------------------------------	--	---	--

DATE RECEIVED BY LOCAL REGISTRAR APR 1 1953		REGISTRAR'S SIGNATURE <i>Huntington Williams, MD</i>		25. FUNERAL DIRECTOR <i>Huntington Williams, MD</i>		ADDRESS	
--	--	---	--	--	--	---------	--

ATTESTED BY HEALTH OFFICER
CERTIFICATE OF DEATH

Signature

Date

Place of Death

Signature of Health Officer

Date

Place of Death

Signature of Health Officer

Date

Place of Death

Signature of Health Officer

Date

Place of Death

Signature of Health Officer

Date

Place of Death

Signature of Health Officer

Date

Place of Death

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No. 53 3229

53 3229

BIRTH NO. ~~53-3229~~ 076331. NAME OF DECEASED
(Type or Print)

Baby Girl Fort

2. DATE
OF
DEATH

Mar. 31, 1953

3. PLACE OF DEATH:

a. Baltimore City, Maryland Johns Hopkins Hosp.

b. FULL NAME OF
HOSPITAL OR
INSTITUTION

JOHNS HOPKINS HOSPITAL

4. USUAL RESIDENCE (Where deceased lived. If institution: residence
before admission)

A. STATE

Md.

B. COUNTY

Baltimore

c. CITY OR TOWN (If outside corporate limits, write RURAL and give
township)

Baltimore Co. Pennsylvania

D. STREET ADDRESS (If rural, give location)

8202 Cornwall Rd.

c. Length of stay in Baltimore

Yrs.
Mos.
Days

5. SEX

Female White

6. COLOR OR RACE

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

Single

8. DATE OF BIRTH

3-30-1953

9. AGE (In years
last birthday)If Under 1 Year
Months: DaysIf Under 24 Hours
Hours: Min.

23

10a. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)10b. KIND OF BUSINESS OR
INDUSTRY

11. BIRTHPLACE (State or foreign country)

Maryland

12. CITIZEN OF
WHAT COUNTRY?

13. FATHER'S NAME

Charles Fort

14. MOTHER'S MAIDEN NAME

Eileen Le Doyen

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)16. SOCIAL
SECURITY NO.

17. INFORMANT

ADDRESS

JOHNS HOPKINS HOSPITAL

18. 762.5

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A) Anoxia

DUE TO

23 hr.

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B) Atelectasis

DUE TO

(C) Hyaline Membrane Disease

II

OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

Prematurity

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☒ NO ☐21a. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH21b. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21c. WHERE DID
INJURY OCCUR?

(If in Baltimore City, give exact location)

21d. TIME (Month) (Day) (Year) (Hour)
INJURY

21e. INJURY OCCURRED

m.

WHILE AT
WORK ☐NOT WHILE
AT WORK ☐

21f. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 3-30, 1953, to 3-31, 1953, that I last saw the
deceased alive on 3-31, 1953, and that death occurred at 6:00 A. M., from the causes and on the date stated above.

23a. SIGNATURE

H. N. Kirkman

23b. ADDRESS

JOHNS HOPKINS HOSPITAL

23c. DATE SIGNED

3-31-53

24a. BURIAL, CREMA-
TION, REMOVAL (Specify)

Burial

24b. DATE

4/I/53

24c. NAME OF CEMETERY OR CREMATORY

Lorraine Park

24d. LOCATION (City, town, or county)

Woodlawn, Md

(State)

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

Huntington Williams, M.D.

25. FUNERAL DIRECTOR

ADDRESS

G. Howard Strong 3207 W. North Ave.

APR 1 1953

VS 150

MEDICAL CERTIFICATION

623

53 3230

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 53 3230

1. NAME OF DECEASED (Type or Print) Mrs. Mabel Crist		2. DATE OF DEATH 3-30-53	
3. PLACE OF DEATH: A. Baltimore City, Maryland Baltimore Md.		4. USUAL RESIDENCE (Where deceased lived, If institution: residence before admission) A. STATE Md. B. COUNTY	
B. FULL NAME OF HOSPITAL OR INSTITUTION St. Agnes Hospital		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore	
c. Length of stay in Baltimore 70 Years		D. STREET ADDRESS (If rural, give location) 3901 Old York Rd.	
5. SEX Female	6. COLOR OR RACE White	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Married Widow	8. DATE OF BIRTH 6-25-1882
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10B. KIND OF BUSINESS OR INDUSTRY	9. AGE (In years last birthday) 70
13. FATHER'S NAME John Johnston		11. BIRTHPLACE (State or foreign country) Maryland	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) NO		12. CITIZEN OF WHAT COUNTRY? U S A	
16. SOCIAL SECURITY NO. 214-18-1876		14. MOTHER'S MAIDEN NAME Margaret Fergerson	
17. INFORMANT Philip J. Crist		ADDRESS 1306 E. 36th Street	

18. 422.1 DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.	CAUSE OF DEATH (A) Pulmonary Edema DUE TO Grade IV Cardiac Decompensation (B) Arterioscl. Cardio Vasc. Disease DUE TO (C)	INTERVAL BETWEEN ONSET AND DEATH
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		

19A. DATE OF OPERATION 0	19B. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
21A. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH	21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME (Month) (Day) (Year) (Hour) INJURY	21E. INJURY OCCURRED WHILE AT <input type="checkbox"/> WORK NOT WHILE <input type="checkbox"/> AT WORK	21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 3-29, 1953, to 3-30, 1953, that I last saw the deceased alive on 3-30, 1953, and that death occurred at 7:50 P.M., from the causes and on the date stated above.

23A. SIGNATURE Harry D. Thompson	23B. ADDRESS St. Agnes Hosp.	23C. DATE SIGNED 3-30-53
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24A. BURIAL, CREMATION, REMOVAL (Specify) Burial	24B. DATE April 2, 1953	24C. NAME OF CEMETERY OR CREMATORY Loudon Park	24D. LOCATION (City, town, or county) (State) Baltimore, Maryland
---	----------------------------	---	--

DATE RECEIVED BY LOCAL REGISTRAR APR 1 1953	REGISTRAR'S SIGNATURE Huntington Williams, M.D.	25. FUNERAL DIRECTOR Burgess Funeral Home	ADDRESS 3631 Falls Road
--	--	--	----------------------------

Horace F. Burgess

2500

DEPARTMENT OF HEALTH
CERTIFICATE OF DEATH

1911

1911

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1911

350
53 3231BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH53 3231
Registered No.

1. NAME OF DECEASED (Type or Print)		2. DATE OF DEATH	
Elizabeth Cotton		March 30 1953	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE B. COUNTY	
1400 N. Lexington St		Maryland 1902	
5. FULL NAME OF HOSPITAL OR INSTITUTION Aged Women's and Aged Men's Home		C. CITY OR TOWN Baltimore	
c. Length of stay in Baltimore		D. STREET ADDRESS (If rural, give location) 1400 N. Lexington St	
5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH
Female	White	Widowed	Sept. 11, 1860
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10B. KIND OF BUSINESS OR INDUSTRY	9. AGE (In years last birthday)	11. BIRTHPLACE (State or foreign country)
		92	Maryland
13. FATHER'S NAME		12. CITIZEN OF WHAT COUNTRY?	
John R. Peach		14. MOTHER'S MAIDEN NAME	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown)		16. SOCIAL SECURITY NO.	
(If yes, give war or dates of service)		none	
17. INFORMANT		ADDRESS	
D. A. Read		1400 N. Lexington Street	
18. 153X I DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)		CAUSE OF DEATH	
(A) DUE TO		Carcinoma Colon	
19. ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.		(B) DUE TO	
		arteriosclerotic Cardio-vascular disease	
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.			
19A. DATE OF OPERATION		19B. MAJOR FINDINGS OF OPERATION	
20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>			
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH		21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)		21D. TIME (Month) (Day) (Year) (Hour) INJURY	
21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from Jan 1952, to March 30, 1953, that I last saw the deceased alive on March 28, 1953, and that death occurred at 10:30 p.m., from the causes and on the date stated above.			
23A. SIGNATURE		23B. ADDRESS	
Melvin Edward Day		4-2-33rd St -15	
M. D.		23C. DATE SIGNED	
		March 31, 1953	
24A. BURIAL, CREMATION, REMOVAL (Specify)		24B. DATE	
Burial		7/2/53	
24C. NAME OF CEMETERY OR CREMATORY		24D. LOCATION (City, town, or county) (State)	
London Park Cemetery		Baltimore, Maryland	
DATE RECEIVED BY LOCAL REGISTRAR		REGISTRAR'S SIGNATURE	
APR 1 1953		Huntington Williams, M.D.	
25. FUNERAL DIRECTOR		ADDRESS	
Wm. Cook, Inc.		1217 St. Paul St.	

4-20-2011 11:00 AM

FIGURE 1

1. *Andromeda*

652
53 3232BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH53 3232
Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

DR. HARRY BARNES

2. DATE
OF
DEATH

3/31/53

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR
INSTITUTION

University Hospital

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE

Maryland

B. COUNTY

Carroll

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Sykesville, Md

D. STREET ADDRESS (If rural, give location)

5600

c. Length of stay in Baltimore

28

5. SEX

Male

6. COLOR OR RACE

White

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

Married

8. DATE OF BIRTH

2/1/83

9. AGE (In years
last birthday)

70

If Under 1 Year
Months; DaysIf Under 24 Hours
Hours; Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

Physician

10B. KIND OF BUSINESS OR
INDUSTRY

Medicine

11. BIRTHPLACE (State or foreign country)

Maryland

12. CITIZEN OF
WHAT COUNTRY?

U.S.A.

13. FATHER'S NAME

Wm H. Barnes

14. MOTHER'S MAIDEN NAME

Helma

15. WAS DECEASED EVER IN U.S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)

no

no

16. SOCIAL
SECURITY NO.

none

17. INFORMANT

Mrs Helma Barnes, Sykesville, Md

ADDRESS

18. 420.1 and 177X
DISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e.g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

CAUSE OF DEATH

(A)

Pulmonary Edema

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B)

Congestive Heart Failure

DUE TO

(C)

II
OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.Cerebral Thrombosis; Coronary
Thrombosis; Carcinoma of ProstateINTERVAL BETWEEN
ONSET AND DEATH

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH21B. PLACE OF INJURY (e.g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour)
INJURY

21E. INJURY OCCURRED

WHILE AT ☐ NOT WHILE ☐
WORK AT WORK

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 3/3/53, 19__, to 3/31/53, 19__, that I last saw the
deceased alive on 3/31/53, 19__, and that death occurred at 1:45 P.M., from the causes and on the date stated above.

23A. SIGNATURE

O. P. Walther

M. D.

23B. ADDRESS

University Hosp.

23C. DATE SIGNED

3/31/53

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

24B. DATE

4-3-53

24C. NAME OF CEMETERY OR CREMATORY

Pineview Home

24D. LOCATION (City, town, or county)

Pineview Home, Md.

(State)

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

Huntington Williams, M.D.

25. FUNERAL DIRECTOR

ADDRESS

Walter A. Haight, Sykesville, Md.

VS 150

07585

Luther A. Haight

MEDICAL CERTIFICATION

SAFETY OF THE PUBLIC
CERTIFICATE OF DEATH

1. Name of Deceased		2. Date of Death	
3. Age		4. Sex	
5. Occupation		6. Cause of Death	
7. Place of Death		8. Signature of Physician	
9. Signature of Registrar		10. Date of Registration	

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

Registered No. **53 3233**

53 3233
BIRTH NO. **63-03609**

1. NAME OF DECEASED (Type or Print)		2. DATE OF DEATH	
AMOS HUBBARD		March 30, 1953	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)	
		A. STATE Maryland	
B. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)	
Provident Hospital		Baltimore	
c. Length of stay in Baltimore		D. STREET ADDRESS (If rural, give location)	
Life		1818 Woodyear Street	
5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH
Male	Colored		2/5/53
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		11. BIRTHPLACE (State or foreign country)	
Infant		Balto. Md.	
13. FATHER'S NAME		14. MOTHER'S MAIDEN NAME	
Amos Hubbard		Elaine Johnson	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)		16. SOCIAL SECURITY NO.	
no		none	
17. INFORMANT		ADDRESS	
Amos Hubbard		1818 Woodyear St.	

18. **525X**

CAUSE OF DEATH

INTERVAL BETWEEN ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) **Interstitial pneumonia**

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B)

DUE TO

(C)

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☒ NO ☐

21A. EXTERNAL CAUSE WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH.

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I certify that I took charge of the remains described above, held an **Partial Autopsy** thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: **natural causes** ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐.

23A. SIGNATURE

23B. CHIEF MEDICAL EXAMINER ☐ ASSISTANT MEDICAL EXAMINER ☒ M.D. MEDICAL INVESTIGATOR ☐

23C. DATE SIGNED **March 30, 1953**

24A. BURIAL, CREMATION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county) (State)

Burial

4/2/53

Mt Auburn

Balto. Md.

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

53 3234

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

53 3234
Registered No.

BIRTH NO.

1. NAME OF DECEASED (Type or Print) *George Nilles Jr.*

2. DATE OF DEATH *Mar. 31, 1953*

3. PLACE OF DEATH:
A. Baltimore City, Maryland

B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) *JOHNS HOPKINS HOSPITAL*

C. LENGTH OF STAY IN BALTIMORE *53 57* Yrs. Mos. Days

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE *Md.* B. COUNTY *Baltimore*

5. CITY OR TOWN (If outside corporate limits, write RURAL and give township) *Baltimore*

6. STREET ADDRESS (If rural, give location) *1023 Rosedale Ave.*

5. SEX *male* 6. COLOR OR RACE *White* 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) *married*

8. DATE OF BIRTH *1895 9-7-1896* 9. AGE (in years last birthday) *53 57*

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) *Iron Worker* 10B. KIND OF BUSINESS OR INDUSTRY *Ship Building*

11. BIRTHPLACE (State or foreign country) *Baltimore Md.* 12. CITIZEN OF WHAT COUNTRY? *U.S.*

13. FATHER'S NAME *George Nilles* 14. MOTHER'S MAIDEN NAME *Mamie Leonard*

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY NO. *213-01-6037* 17. INFORMANT ADDRESS *JOHNS HOPKINS HOSPITAL*

18. *570.2 I* CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthma, etc. It means the disease, injury or complication which caused death.)

(A) *Infarction of Small Bowel* DUE TO

INTERVAL BETWEEN ONSET AND DEATH *4 days*

ANTECEDENT CAUSES

(B) *Thrombosis of Sup-crio mesenteric Artery* DUE TO

(C) *Generalized Arteriosclerosis*

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION *0* 19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☒

21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH ☐

21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) INJURY

21E. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from *3-29*, 19*53*, to *3-31*, 19*53*; that I last saw the deceased alive on *3-31*, 19*53*, and that death occurred at *3:10 A.M.*, from the causes and on the date stated above.

23A. SIGNATURE *David Lubars* 23B. ADDRESS *JOHNS HOPKINS HOSPITAL* 23C. DATE SIGNED

24A. BURIAL, CREMATION, REMOVAL (Specify) *Burial* 24B. DATE *4/6/53* 24C. NAME OF CEMETERY OR CREMATORY *Holy Redeemer* 24D. LOCATION (City, town, or county) (State) *Baltimore Md.*

DATE RECEIVED BY LOCAL REGISTRAR *APR 1 1953* REGISTRAR'S SIGNATURE *Huntington Williams, M.D.* FUNERAL DIRECTOR *Wm W. Conklin* ADDRESS *5444 Belair Rd.*

UNITED STATES DEPARTMENT OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

A. 68564

1. NAME OF DECEASED		2. SEX		3. AGE		4. RACE		5. OCCUPATION	
6. PLACE OF BIRTH		7. DATE OF BIRTH		8. DATE OF DEATH		9. TIME OF DEATH		10. CAUSE OF DEATH	
11. PLACE OF DEATH		12. MANNER OF DEATH		13. SIGNATURE OF PHYSICIAN		14. SIGNATURE OF REGISTRAR		15. SIGNATURE OF WITNESSES	
16. SIGNATURE OF DECEASED		17. SIGNATURE OF NEXT OF KIN		18. SIGNATURE OF CLERGYMAN		19. SIGNATURE OF JUDGE		20. SIGNATURE OF SHERIFF	
21. SIGNATURE OF CORONER		22. SIGNATURE OF DISTRICT ATTORNEY		23. SIGNATURE OF COUNTY CLERK		24. SIGNATURE OF TOWNSHIP CLERK		25. SIGNATURE OF VILLAGE CLERK	
26. SIGNATURE OF CITY CLERK		27. SIGNATURE OF STATE CLERK		28. SIGNATURE OF FEDERAL CLERK		29. SIGNATURE OF MARSHAL		30. SIGNATURE OF SHERIFF	
31. SIGNATURE OF JUDGE		32. SIGNATURE OF CLERGYMAN		33. SIGNATURE OF PHYSICIAN		34. SIGNATURE OF REGISTRAR		35. SIGNATURE OF WITNESSES	
36. SIGNATURE OF DECEASED		37. SIGNATURE OF NEXT OF KIN		38. SIGNATURE OF CLERGYMAN		39. SIGNATURE OF JUDGE		40. SIGNATURE OF SHERIFF	
41. SIGNATURE OF CORONER		42. SIGNATURE OF DISTRICT ATTORNEY		43. SIGNATURE OF COUNTY CLERK		44. SIGNATURE OF TOWNSHIP CLERK		45. SIGNATURE OF VILLAGE CLERK	
46. SIGNATURE OF CITY CLERK		47. SIGNATURE OF STATE CLERK		48. SIGNATURE OF FEDERAL CLERK		49. SIGNATURE OF MARSHAL		50. SIGNATURE OF SHERIFF	
51. SIGNATURE OF JUDGE		52. SIGNATURE OF CLERGYMAN		53. SIGNATURE OF PHYSICIAN		54. SIGNATURE OF REGISTRAR		55. SIGNATURE OF WITNESSES	
56. SIGNATURE OF DECEASED		57. SIGNATURE OF NEXT OF KIN		58. SIGNATURE OF CLERGYMAN		59. SIGNATURE OF JUDGE		60. SIGNATURE OF SHERIFF	
61. SIGNATURE OF CORONER		62. SIGNATURE OF DISTRICT ATTORNEY		63. SIGNATURE OF COUNTY CLERK		64. SIGNATURE OF TOWNSHIP CLERK		65. SIGNATURE OF VILLAGE CLERK	
66. SIGNATURE OF CITY CLERK		67. SIGNATURE OF STATE CLERK		68. SIGNATURE OF FEDERAL CLERK		69. SIGNATURE OF MARSHAL		70. SIGNATURE OF SHERIFF	
71. SIGNATURE OF JUDGE		72. SIGNATURE OF CLERGYMAN		73. SIGNATURE OF PHYSICIAN		74. SIGNATURE OF REGISTRAR		75. SIGNATURE OF WITNESSES	
76. SIGNATURE OF DECEASED		77. SIGNATURE OF NEXT OF KIN		78. SIGNATURE OF CLERGYMAN		79. SIGNATURE OF JUDGE		80. SIGNATURE OF SHERIFF	
81. SIGNATURE OF CORONER		82. SIGNATURE OF DISTRICT ATTORNEY		83. SIGNATURE OF COUNTY CLERK		84. SIGNATURE OF TOWNSHIP CLERK		85. SIGNATURE OF VILLAGE CLERK	
86. SIGNATURE OF CITY CLERK		87. SIGNATURE OF STATE CLERK		88. SIGNATURE OF FEDERAL CLERK		89. SIGNATURE OF MARSHAL		90. SIGNATURE OF SHERIFF	
91. SIGNATURE OF JUDGE		92. SIGNATURE OF CLERGYMAN		93. SIGNATURE OF PHYSICIAN		94. SIGNATURE OF REGISTRAR		95. SIGNATURE OF WITNESSES	
96. SIGNATURE OF DECEASED		97. SIGNATURE OF NEXT OF KIN		98. SIGNATURE OF CLERGYMAN		99. SIGNATURE OF JUDGE		100. SIGNATURE OF SHERIFF	

J-650
3 3235BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH53 3235
Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Charles Grimm

2. DATE
OF
DEATH

Mar. 31, 1953

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF
HOSPITAL OR
INSTITUTION

JOHNS HOPKINS HOSPITAL

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE

B. COUNTY

C. CITY OR TOWN

(If outside corporate limits, write RURAL and give township)

D. STREET ADDRESS (If rural, give location)

c. Length of stay in Baltimore

5. SEX

6. COLOR OR RACE

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

8. DATE OF BIRTH

9. AGE (In years
last birthday)If Under 1 Year
Months Days
If Under 24 Hours
Hours Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)10B. KIND OF BUSINESS OR
INDUSTRY

11. BIRTHPLACE (State or foreign country)

12. CITIZEN OF
WHAT COUNTRY?

13. FATHER'S NAME

14. MOTHER'S MAIDEN NAME

15. WAS DECEASED EVER IN U.S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)16. SOCIAL
SECURITY NO.

17. INFORMANT ADDRESS

JOHNS HOPKINS HOSPITAL

18. 355X I CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e.g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)(A)
DUE TO

Basil ganglion cell Degeneration

INTERVAL BETWEEN
ONSET AND DEATH

2 yrs.

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.(B)
DUE TO
(C)II
OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

Pneumonia

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☒ NO ☐21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH21B. PLACE OF INJURY (e.g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR? (If in Baltimore City, give exact location)21D. TIME (Month) (Day) (Year) (Hour)
INJURY

21E. INJURY OCCURRED

WHILE AT ☐ NOT WHILE
WORK ☐ AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 2-1-1953, to 3-31-1953, that I last saw the
deceased alive on 3-31-1953, and that death occurred at 11:55 a.m., from the causes and on the date stated above.

23A. SIGNATURE

M. D.

23B. JOHNS HOPKINS HOSPITAL

23C. DATE SIGNED

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county)

(State)

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

1

1. The purpose of this report is to provide a summary of the activities of the Office of the Chief of Staff during the period from 1 January 1961 to 31 December 1961. The report is organized into four main sections: (1) General Information, (2) Major Activities, (3) Personnel, and (4) Financial. The first section provides a brief overview of the Office's mission and structure. The second section details the major activities of the Office, including the development and implementation of the Army's strategic plan, the management of the Army's budget, and the coordination of the Army's operations. The third section discusses the personnel of the Office, including the Chief of Staff and his staff. The fourth section provides information on the Office's financial resources and expenditures.

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATHRegistered No. 53 3236

BIRTH NO. <u>53 3236</u>		1. NAME OF DECEASED (Type or Print) FLOYD W. ROBERTS		2. DATE OF DEATH March 31, 1953	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived, if institution; residence before admission) A. STATE Maryland B. COUNTY Baltimore		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)	
B. FULL NAME OF HOSPITAL OR INSTITUTION Union Memorial Hospital		D. STREET ADDRESS (If rural, give location) 1707 E. Joppa Road		5. LENGTH OF STAY IN BALTIMORE 15 - Yrs. Mos. Days	
5. SEX Male	6. COLOR OR RACE White	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH Jan 24, 1915	9. AGE (In years last birthday) 38	10. Under 1 Year Months: Days
10A. USUAL OCCUPATION (Give kind of work done during most of worklog life, even if retired) Prescription assembler		10B. KIND OF BUSINESS OR INDUSTRY 41 Martin's Employee		11. BIRTHPLACE (State or foreign country) MD	
13. FATHER'S NAME Wm E Roberts		14. MOTHER'S MAIDEN NAME Grace Fletcher		12. CITIZEN OF WHAT COUNTRY? USA	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) No		16. SOCIAL SECURITY NO. 577-26-4361		17. INFORMANT ADDRESS Mrs Floyd Roberts 1707 E Joppa Rd	
18. 330X		CAUSE OF DEATH		INTERVAL BETWEEN ONSET AND DEATH	
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)		(A) Ruptured aneurysm of the right middle cerebral artery with Massive bilateral subdural hemorrhage			
ANTECEDENT CAUSES		(B) Massive bilateral subdural hemorrhage			
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.		(C)			
II		OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.			
19A. DATE OF OPERATION		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
21A. EXTERNAL CAUSE WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH.		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT <input type="checkbox"/> WORK NOT WHILE <input type="checkbox"/> AT WORK		21F. HOW DID INJURY OCCUR?	
22. I certify that I took charge of the remains described above, held an autopsy thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes <input checked="" type="checkbox"/> , accident <input type="checkbox"/> , suicide <input type="checkbox"/> , homicide <input type="checkbox"/> , undetermined <input type="checkbox"/> .					
23A. SIGNATURE <i>W. J. ...</i>		23B. CHIEF MEDICAL EXAMINER <input type="checkbox"/> ASSISTANT MEDICAL EXAMINER <input checked="" type="checkbox"/> MEDICAL INVESTIGATOR <input type="checkbox"/>		23C. DATE SIGNED March 31, 1953	
24A. BURIAL, CREMATION, REMOVAL (Specify) Burial		24B. DATE 4/4/53		24C. NAME OF CEMETERY OR CREMATORY Parkwood Cem	
24D. LOCATION (City, town, or county) (State) Balto MD		25. FUNERAL DIRECTOR Huntington ...		ADDRESS 7401 Belair Rd	
DATE RECEIVED BY LOCAL REGISTRAR APR 1 1953		REGISTRAR'S SIGNATURE <i>Huntington ...</i>		690 3T	

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**BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH**

53 3237
Registered No. _____

- 200
3 3237

1. NAME OF DECEASED (Type or Print) ANNA BUCCI			2. DATE OF DEATH April 1-1953		
3. PLACE OF DEATH: A. Baltimore City, Maryland Balto. Md			4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Md B. COUNTY Baltimore		
B. FULL NAME OF HOSPITAL OR INSTITUTION 3012 Harmon Ave			C. CITY OR TOWN (If outside corporate limits, with R.R.A. and give township) Baltimore		
C. Length of stay in Baltimore Yrs. _____ Mos. _____ Days _____			D. STREET ADDRESS (If rural, give location) 3012 Harmon Ave		
5. SEX Female	6. COLOR OR RACE white	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) married	8. DATE OF BIRTH 1877		9. AGE (In years last birthday) 75
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10B. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) Italy		12. CITIZEN OF WHAT COUNTRY? U. S. A.
13. FATHER'S NAME Joseph Bucchi			14. MOTHER'S MAIDEN NAME ?		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)		16. SOCIAL SECURITY NO.	17. INFORMANT ADDRESS Angelo Bucchi 3012 Harmon Ave		
19. 170X DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) Carcinoma, Breast DUE TO ANTECEDENT CAUSES Arteriosclerosis C. V. Disease DUE TO DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.			INTERVAL BETWEEN ONSET AND DEATH		
19A. DATE OF OPERATION		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from 10/27 , 19 52 , to Apr. 1 , 19 53 , that I last saw the deceased alive on Mar. 31 , 19 53 , and that death occurred at 6:30 P. m. , from the causes and on the date stated above.					
23A. SIGNATURE Nathan Jarney		23B. ADDRESS 7101 Harford Rd.		23C. DATE SIGNED 4/1/53	
24A. BURIAL, CREMATION, REMOVAL (Specify) Burial		24B. DATE		24C. NAME OF CEMETERY OR CREMATORY St. Michaels Cemetery	
24D. LOCATION (City, town, or county) (State) Hagerstown Pa.		24E. NAME OF CEMETERY OR CREMATORY		24F. LOCATION (City, town, or county) (State)	
DATE RECEIVED BY LOCAL REGISTRAR APR 1 - 1953		REGISTRAR'S SIGNATURE Huntington Williams, M.D.		25. FUNERAL DIRECTOR ADDRESS Joseph Farace Inc 712-14 E North Ave	

MEDICAL CERTIFICATION

3507

09

CERTIFICATE OF DEATH

1981

Blank certificate form with horizontal lines for text entry.

**BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH**

53 3238
Registered No. _____

BIRTH NO. _____	
1. NAME OF DECEASED (Type or Print) EDWIN F. NORTH	
2. DATE OF DEATH Mar. 31, 1953	
3. PLACE OF DEATH: a. Baltimore City, Maryland	
4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Md. b. COUNTY _____	
5. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTE 1123 N. Eutaw St.	
c. Length of stay in Baltimore Yrs. _____ Mos. _____ Days _____	
6. DATE OF BIRTH Nov. 3, 1858	
7. AGE (In years last birthday) 94 If Under 1 Year: Months _____ Days _____ If Under 24 Hours: Hours _____ Min. _____	
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Dispatcher	
10B. KIND OF BUSINESS OR INDUSTRY Railroad	
11. BIRTHPLACE (State or foreign country) England	
12. CITIZEN OF WHAT COUNTRY? USA	
13. FATHER'S NAME Wm. North	
14. MOTHER'S MAIDEN NAME Julia (Unknown)	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) No	
16. SOCIAL SECURITY NO. No	
17. INFORMANT ADDRESS Mrs. Walter Joyce Above	

18. 420.1 I DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) (A) Myocardial Infarction DUE TO _____		INTERVAL BETWEEN ONSET AND DEATH
ANTECEDENT CAUSES (B) Arteriosclerotic Coronary Artery Disease DUE TO _____		
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. (C) _____		
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		

19A. DATE OF OPERATION 0		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21A. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	

22. I hereby certify that I attended the deceased from Jan 2, 1953, to Feb 20, 1953, that I last saw the deceased alive on Feb 20, 1953, and that death occurred at 4:30 a.m., from the causes and on the date stated above.

23A. SIGNATURE Gray S. Watson		23B. ADDRESS 1101 St. Paul St.		23C. DATE SIGNED March 31	
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24A. BURIAL, CREMATION, REMOVAL (Specify) Burial		24B. DATE 4/2/53		24C. NAME OF CEMETERY OR CREMATORY Loudon Park Cemetery		24D. LOCATION (City, town, or county) (State) Baltimore, Md.	
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DATE RECEIVED BY LOCAL REGISTRAR APR 1 - 1953		REGISTRAR'S SIGNATURE Huntington Williams, M.D.		25. FUNERAL DIRECTOR Wm. J. Tucker, Inc. Inc. Balto. Md.		ADDRESS	
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WESTBROOK CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

1. Name of Deceased		2. Sex		3. Age		4. Date of Birth		5. Date of Death	
6. Place of Birth		7. Usual Residence		8. Cause of Death		9. Manner of Death		10. Physician	
11. Burial Place		12. Signature of Registrar		13. Signature of Physician		14. Signature of Coroner		15. Signature of Medical Examiner	
16. Signature of Funeral Home		17. Signature of Undertaker		18. Signature of Cemetery		19. Signature of Burial Place		20. Signature of Interment	
21. Signature of Health Officer		22. Signature of City Clerk		23. Signature of Mayor		24. Signature of Councilman		25. Signature of Alderman	
26. Signature of Board of Health		27. Signature of Board of Sanitation		28. Signature of Board of Public Health		29. Signature of Board of Health		30. Signature of Board of Health	
31. Signature of Board of Health		32. Signature of Board of Health		33. Signature of Board of Health		34. Signature of Board of Health		35. Signature of Board of Health	
36. Signature of Board of Health		37. Signature of Board of Health		38. Signature of Board of Health		39. Signature of Board of Health		40. Signature of Board of Health	
41. Signature of Board of Health		42. Signature of Board of Health		43. Signature of Board of Health		44. Signature of Board of Health		45. Signature of Board of Health	
46. Signature of Board of Health		47. Signature of Board of Health		48. Signature of Board of Health		49. Signature of Board of Health		50. Signature of Board of Health	
51. Signature of Board of Health		52. Signature of Board of Health		53. Signature of Board of Health		54. Signature of Board of Health		55. Signature of Board of Health	
56. Signature of Board of Health		57. Signature of Board of Health		58. Signature of Board of Health		59. Signature of Board of Health		60. Signature of Board of Health	
61. Signature of Board of Health		62. Signature of Board of Health		63. Signature of Board of Health		64. Signature of Board of Health		65. Signature of Board of Health	
66. Signature of Board of Health		67. Signature of Board of Health		68. Signature of Board of Health		69. Signature of Board of Health		70. Signature of Board of Health	
71. Signature of Board of Health		72. Signature of Board of Health		73. Signature of Board of Health		74. Signature of Board of Health		75. Signature of Board of Health	
76. Signature of Board of Health		77. Signature of Board of Health		78. Signature of Board of Health		79. Signature of Board of Health		80. Signature of Board of Health	
81. Signature of Board of Health		82. Signature of Board of Health		83. Signature of Board of Health		84. Signature of Board of Health		85. Signature of Board of Health	
86. Signature of Board of Health		87. Signature of Board of Health		88. Signature of Board of Health		89. Signature of Board of Health		90. Signature of Board of Health	
91. Signature of Board of Health		92. Signature of Board of Health		93. Signature of Board of Health		94. Signature of Board of Health		95. Signature of Board of Health	
96. Signature of Board of Health		97. Signature of Board of Health		98. Signature of Board of Health		99. Signature of Board of Health		100. Signature of Board of Health	

**BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH**

Registered No. **3239**

200
3239
BIRTH NO.

1. NAME OF DECEASED (Type or Print) WILLIAM M. LEASE SR			2. DATE OF DEATH Mar. 31, 1953		
3. PLACE OF DEATH: A. Baltimore City, Maryland			4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Md. B. COUNTY 27-29		
B. FULL NAME OF HOSPITAL OR INSTITUTION 1656 Northgate Rd.			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore		
c. Length of stay in Baltimore Yrs. Mos. Days			D. STREET ADDRESS (If rural, give location) 1656 Northgate Rd.		
5. SEX M	6. COLOR OR RACE W	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH Oct. 18, 1865		9. AGE (in years last birthday) 87
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Postal Clerk		10B. KIND OF BUSINESS OR INDUSTRY U. S. Government	11. BIRTHPLACE (State or foreign country) Frederick, Md.		12. CITIZEN OF WHAT COUNTRY? USA
13. FATHER'S NAME William Henry Lease			14. MOTHER'S MAIDEN NAME Anna Martha McGalaster		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) No		16. SOCIAL SECURITY NO. No	17. INFORMANT ADDRESS Mrs. Clara B. Lease Above		

18. 331X DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) Central Hemorrhage		INTERVAL BETWEEN ONSET AND DEATH 15 hrs
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. (B) (C)		DUE TO DUE TO DUE TO
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		

19A. DATE OF OPERATION 0		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
21A. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING CAUSE OF DEATH <input type="checkbox"/>		21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from 1948 to 3/31/53 , 19__, that I last saw the deceased alive on 3/29/53 , 19__ and that death occurred at 145 A m. , from the causes and on the date stated above.					
23A. SIGNATURE Thomas H. Warden		23B. ADDRESS M. D. 2900 Clomela Blvd		23C. DATE SIGNED 3/3/53	

24A. BURIAL, CREMATION, REMOVAL (Specify) Burial		24B. DATE Apr. 3, 1953		24C. NAME OF CEMETERY OR CREMATORY Mt. Olivet Cem.		24D. LOCATION (City, town, or county) (State) Baltimore, Md.	
DATE RECEIVED BY LOCAL REGISTRAR APR 1 - 1953		REGISTRAR'S SIGNATURE Huntington Williams, M.D.		25. FUNERAL DIRECTOR Wm. J. Fekner, Sons Inc		ADDRESS Balti Md.	

MEDICAL CERTIFICATION

T-650
FVJ 169082
53 3240

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 53 3240

BIRTH NO.		1. NAME OF DECEASED (Type or Print) Mamie Green		2. DATE OF DEATH March 30, 1953	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Maryland B. COUNTY			
B. FULL NAME OF (If not in hospital or institution, give street address or location) Baltimore City Hospitals 4940 Eastern Avenue		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore			
D. Length of stay in Baltimore 27 Years Yrs. Mos. Days		E. STREET ADDRESS (If rural, give location) 1614 May Ct.			
5. SEX Female	6. COLOR OR RACE Negro	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH May 15, 1901	9. AGE (In years last birthday) 52	10. Under 1 Year Months Days 11. Under 24 Hours Hours Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10B. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) Virginia	
12. CITIZEN OF WHAT COUNTRY?		13. FATHER'S NAME Charles Brown (D)		14. MOTHER'S MAIDEN NAME Lucy Spencer (D)	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.		17. INFORMANT ADDRESS B. C. H. 4940 Eastern Ave. (records)	
18. 260X I DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) Cerebro - Vascular Accident DUE TO Hypertension DUE TO Diabetes Mellitus INTERVAL BETWEEN ONSET AND DEATH 2 days ? ?					
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.					
19A. DATE OF OPERATION 0		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH		21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from 3 - 28 - 1953 to 3 - 30 - 1953 , that I last saw the deceased alive on 3 - 30 - 1953 , and that death occurred at 7:25 p.m. , from the causes and on the date stated above.					
23A. SIGNATURE <i>H. J. [Signature]</i>		M. D. 4940 Eastern Avenue		23C. DATE SIGNED 3-30-53	
24A. BURIAL, CREMATION, REMOVAL (Specify) Burial		24B. DATE 4-3-53		24C. NAME OF CEMETERY OR CREMATORY Brooklyn [Signature]	
24D. LOCATION (City, town, or county) (State) Brooklyn [Signature]		25. FUNERAL DIRECTOR Thayer A. Wilson 1100 [Signature]		ADDRESS	
DATE RECEIVED BY LOCAL REGISTRAR APR 1 - 1953		REGISTRAR'S SIGNATURE <i>[Signature]</i>		VS 150	

MEDICAL CERTIFICATION

53

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

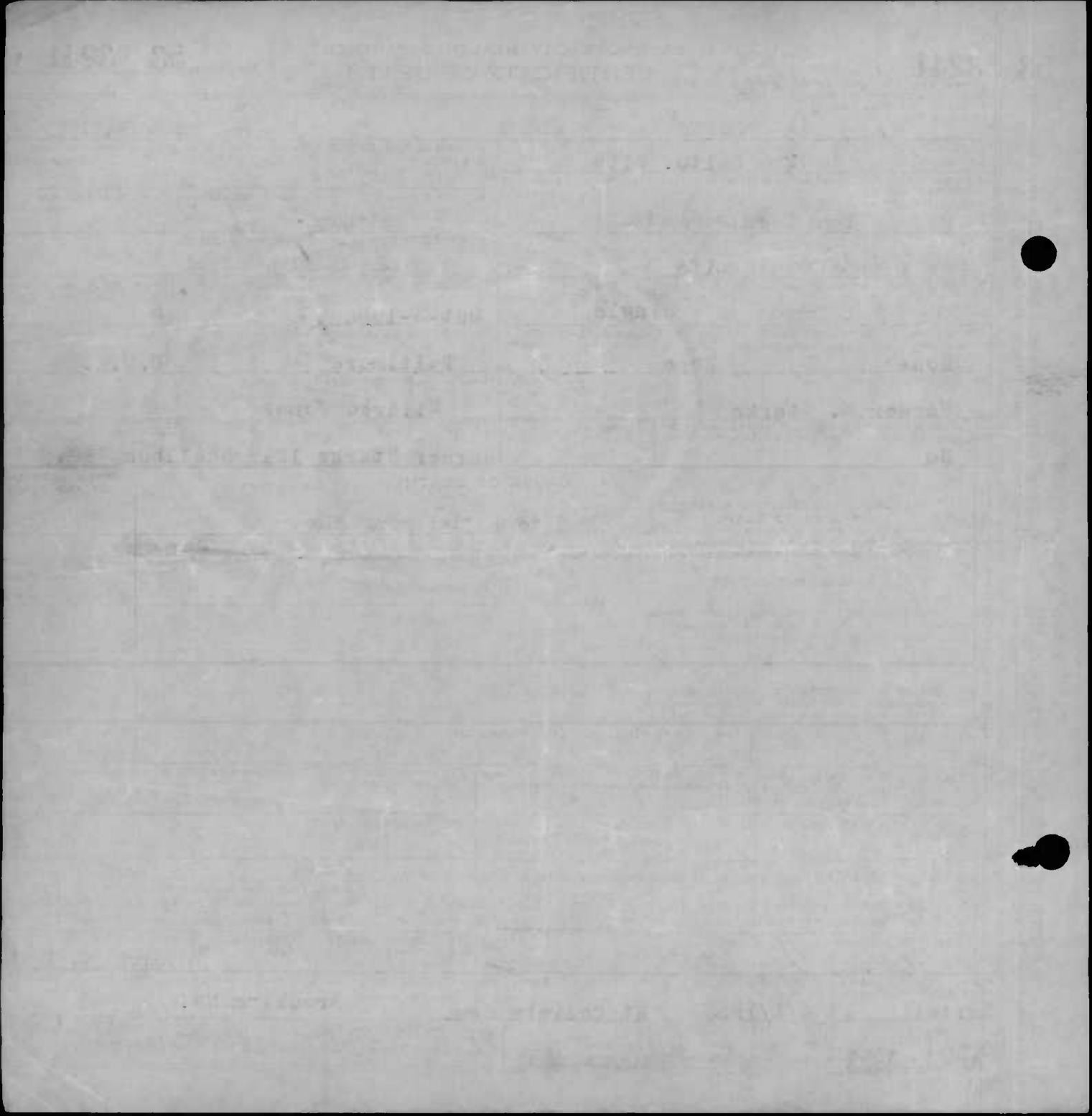
BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

Registered No. **53 3241**
3241
BIRTH NO. **5-2-24641**

1. NAME OF DECEASED (Type or Print)			2. DATE OF DEATH		
WARNER STARKS			March 29, 1953		
3. PLACE OF DEATH: A. Baltimore City, Maryland Balto. City			4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Maryland B. COUNTY		
B. FULL NAME OF HOSPITAL OR INSTITUTION Johns Hopkins Hospital			C. CITY OR TOWN (If outside corporate limits, write rural and give township) Baltimore		
c. Length of stay in Baltimore Life			D. STREET ADDRESS (If rural, give location) 1219 Shellbank Road		
5. SEX Male	6. COLOR OR RACE Colored	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Single	8. DATE OF BIRTH Oct-3-1952		9. AGE (In years last birthday) 5
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) None		10B. KIND OF BUSINESS OR INDUSTRY None	11. BIRTHPLACE (State or foreign country) Baltimore		12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME Warner E. Starke			14. MOTHER'S MAIDEN NAME Mildred Jones		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) No		16. SOCIAL SECURITY NO.	17. INFORMANT Warner Starke		
			ADDRESS 1219 Shellbank Rd.		

18. 525 X I DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) Interstitial pneumonia		INTERVAL BETWEEN ONSET AND DEATH
(A) DUE TO		
ANTECEDENT CAUSES (B) DUE TO		
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. (C) DUE TO		
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		

19A. DATE OF OPERATION		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
21A. EXTERNAL CAUSE WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH.		21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED m. WHILE AT WORK <input type="checkbox"/> HOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I certify that I took charge of the remains described above, held an Autopsy thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes <input checked="" type="checkbox"/> , accident <input type="checkbox"/> , suicide <input type="checkbox"/> , homicide <input type="checkbox"/> , undetermined <input type="checkbox"/> .					
23A. SIGNATURE <i>William H. Wood</i>		23B. CHIEF MEDICAL EXAMINER <input type="checkbox"/> ASSISTANT MEDICAL EXAMINER <input checked="" type="checkbox"/> M.D. MEDICAL INVESTIGATOR <input type="checkbox"/>		23C. DATE SIGNED March 30, 1953	
24A. BURIAL, CREMATION, REMOVAL (Specify) Burial		24B. DATE 4/1/1953		24C. NAME OF CEMETERY OR CREMATORY Mt Calvary Cem.	
24D. LOCATION (City, town, or county) Brooklyn Md.		24E. FUNERAL DIRECTOR <i>Chas. O. Wilson</i>		24F. ADDRESS <i>1000 Bunting Ave</i>	
DATE RECEIVED BY LOCAL REGISTRAR APR 1 - 1953		REGISTRAR'S SIGNATURE <i>Huntington Williams, M.D.</i>			



53 3242

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

53 3242

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1608 McEldeeny St. Ward)Registered No. _____
(If death occurred in
a hospital or institution,
give its NAME instead
of street and number.)

Length of residence in city or town where death occurred.....yrs.....mos.....ds. How long in U. S. If of foreign birth?.....yrs.....mos.....ds.

FULL NAME Margie Robinson

If U. S. Veteran

specify WAR

(a) Residence: No. 1608 McEldeeny St. St., _____ Ward, _____
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX F 4. Color or Race C 5. Single, Married, Widowed,
or Divorced (write the word) M5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of Married6. DATE OF BIRTH (month, day, year) APR-107. AGE 50 Years Months Days If LESS than
1 day.....hrs.
or.....min.8. Trade, profession, or particular
kind of work done, as spinner,
sawyer, bookkeeper, etc. Domestic9. Industry or business in which
work was done, as silk mill,
saw mill, bank, etc.10. Date deceased last worked at
this occupation (month and
year) 11. Total time (years)
spent in this
occupation12. BIRTHPLACE (city or town) Penna
(State or country)13. NAME Unknown14. BIRTHPLACE (city or town)
(State or country)15. MAIDEN NAME Emma Hall16. BIRTHPLACE (city or town) Penna
(State or country)INFORMANT Rev. Richard Manning
(Address) 2007 N. Smallwood St.18. BURIAL, CREMATION, OR REMOVAL
Place St. Calvary Date....., 19.....19. UNDERTAKER Payner Sanders
(Address) 217 E. Preston St.20. FILED APR 1 - 1953 Huntington Williams

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) MAR 27th 195322. I HEREBY CERTIFY, That I attended deceased from
3/17 1953, to 3/27 1953I last saw her alive on 3/17 1953 Death is said
to have occurred on the date stated above, at 6:00 a.m.The principal cause of death and related causes of
importance were as follows:Carcinoma of stomach

Other contributory causes of importance:

Was an operation performed?..... Date of.....

For what disease or injury?.....

Name of operation..... Date of.....

What test confirmed diagnosis?..... Was there an autopsy?.....

23. If death was due to external causes (violence) fill in also the fol-
lowing: Accident, suicide, or homicide?..... Date of injury....., 19.....Where did injury occur?.....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public

place

Manner of injury.....

Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Rev. R. Manning M. D.(Address) 522 N. 8th St.

7208A

OCCUPATION is very important. See instructions on back of certificate.

VS 3

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as *at school* or *at home*. For a woman whose only occupation was that of home housework, write *housewife* in answer to Question 8 and *own home* in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as *servant—private family*, *cook—hotel*, etc. For a person who had no occupation whatever write *none*.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.

9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as *spinner*, *weaver*, etc.

In stating the industry or business avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as *grocery store*, *soap factory*, *cotton mill*, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as *civil engineer*, *mechanical engineer*, *mining engineer*, *stationary engineer*, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give exact occupation, as *carpenter*, *painter*, *machinist*, etc. Distinguish carefully between *retail merchants* and *wholesale merchants*. A person who sells goods should be called a *salesman* and not a *clerk*.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, *not* the mode of dying, *e. g.*, heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The principal cause of death and related causes of importance were as follows:

<i>Arteriosclerosis</i>	<i>1915</i>
<i>Chronic interstitial nephritis</i>	<i>1921</i>
<i>Cerebral hemorrhage</i>	<i>July 5, 1927</i>

Other contributory causes of importance:

<i>Gallstones</i>	<i>May 1, 1923</i>
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Example II

The principal cause of death and related causes of importance were as follows:

<i>Attack of epilepsy</i>	<i>1 week ago</i>
<i>Run over by street car</i>	<i>1 week ago</i>
<i>Peritonitis</i>	<i>3 days ago</i>

Other contributory causes of importance:

<i>Gastroenteritis</i>	<i>1 year</i>
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ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

**BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH**

Registered No. **53 3243**

BIRTH NO. **3243** **5-2-19 56**

1. NAME OF DECEASED
(Type or Print) **Michael ~~Tabb~~ Mackenzie Tabb**

2. DATE OF DEATH **31 March 53**

3. PLACE OF DEATH:
A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived, if institution: residence before admission)
A. STATE **Maryland** **B. COUNTY** **Baltimore**

B. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR INSTITUTION **Childrens Hospital School**

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)
Monkton (RURAL)

C. Length of stay in Baltimore **7 mo.**
Yrs.
Mos.
Days

D. STREET ADDRESS (If rural, give location)
5300

5. SEX **Female** **6. COLOR OR RACE** **White** **7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)** **Single**

8. DATE OF BIRTH **8-20-52** **9. AGE (In years last birthday)** **7 mo** **10 Under 1 Year** **Months** **Days** **11 Under 24 Hours** **Hours** **Min.**

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

11. BIRTHPLACE (State or foreign country)

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME
John Prosser Tabb

14. MOTHER'S MAIDEN NAME
Ann Bayly

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) **No** **16. SOCIAL SECURITY NO.**

17. INFORMANT ADDRESS
Mrs. John P. Tabb Monkton, Md

18. CAUSE OF DEATH
760 X I
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)
Cerebral Palsy (Athetoid)
(A) DUE TO
ANTECEDENT CAUSES
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.
Midbrain damage
(B) DUE TO
Congenital Defect
(C)
II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

INTERVAL BETWEEN ONSET AND DEATH

7 mo

7 mo

7 mo.

19A. DATE OF OPERATION **30 March 1953** **19B. MAJOR FINDINGS OF OPERATION.** **Normal Cauda Equina**

20. AUTOPSY?
YES ☐ **NO** ☒

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify) **None** **21B. PLACE OF INJURY** (e. g., in or about home, farm, factory, street, office bldg., etc.) **21C. WHERE DID INJURY OCCUR?** (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) **INJURY** **21E. INJURY OCCURRED** **WHILE AT WORK** ☐ **NOT WHILE AT WORK** ☐ **21F. HOW DID INJURY OCCUR?**

22. I hereby certify that I attended the deceased from 3-26-1953, to 3-31-1953, that I last saw the deceased alive on 3-31-1953, and that death occurred at 10¹⁵ P. M., from the causes and on the date stated above.

22A. SIGNATURE **Thomas Blamerson Jr.** **M. D.** **22B. ADDRESS** **Childrens Hospital School** **22C. DATE SIGNED** **31 March 1953**

24A. BURIAL, CREMATION, REMOVAL (Specify) **Burial** **24B. DATE** **Apr. 2 /53** **24C. NAME OF CEMETERY OR CREMATORY** **St James** **24D. LOCATION (City, town, or county) (State)** **Monkton Balt Co Md**

DATE RECEIVED BY LOCAL REGISTRAR **APR 1 - 1953** **REGISTRAR'S SIGNATURE** **William Williams, M.D.** **25. FUNERAL DIRECTOR ADDRESS** **Henry W. Jenkins, 1006 49th York Rd**

UNITED STATES OF AMERICA
DEPARTMENT OF JUSTICE
FEDERAL BUREAU OF INVESTIGATION

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**BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH**

Registered No. **53 3244**

BIRTH NO. 53 3244		1. NAME OF DECEASED (Type or Print) Clara Clark		2. DATE OF DEATH 3/31/53	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived, If institution: residence before admission) A. STATE MD. B. COUNTY Balto.			
B. FULL NAME OF HOSPITAL OR INSTITUTION University Hospital		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore 22-01			
c. Length of stay in Baltimore		D. STREET ADDRESS (If rural, give location) 113 E. Hughes St.			
5. SEX F	6. COLOR OR RACE W	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Married		8. DATE OF BIRTH 5/3/02	9. AGE (In years last birthday) 50
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10B. KIND OF BUSINESS OR INDUSTRY Home		11. BIRTHPLACE (State or foreign country) Kentucky	
12. CITIZEN OF WHAT COUNTRY?		13. FATHER'S NAME Wyatt Hooper			
14. MOTHER'S MAIDEN NAME Edith Morgan		15. WAS DECEASED EVER IN U. S. ARMED FORCES? (If yes, give war or dates of service) No			
16. SOCIAL SECURITY NO. --		17. INFORMANT ADDRESS Mrs. Helen Ginn 5 E. York St.			
18. 355x DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) Irreversible Shock DUE TO Cortical Atrophy = Flaccid Hemiplegia CVA INTERVAL BETWEEN ONSET AND DEATH 5 years		19. DATE OF OPERATION 3/31/53			
20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>		21. MAJOR FINDINGS OF OPERATION Degenerative Hemisphere, right			
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from 3/3/53 , 19__, to 3/31/53 , 19__, that I last saw the deceased alive on 3/31/53 , 19__, and that death occurred at __ m., from the causes and on the date stated above.					
23A. SIGNATURE George H. Smith		23B. ADDRESS University Hospital		23C. DATE SIGNED 3/31/53	
24A. BURIAL, CREMATION, REMOVAL (Specify) Burial		24B. DATE 3/4/53		24C. NAME OF CEMETERY OR CREMATORY Memorial Cem.	
24D. LOCATION (City, town, or county) (State) Portsmouth, Ohio		25. FUNERAL DIRECTOR ADDRESS JOHN F. DENNY, INC. 715 Light St.			

UNITED STATES DEPARTMENT OF AGRICULTURE
BUREAU OF PLANT INDUSTRY
WASHINGTON, D. C.

1911

1911

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-626
53 3245BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 53 3245

1. NAME OF DECEASED (Type or Print) Joseph P. Mercer		2. DATE OF DEATH 3/31/53	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived, If institution: residence before admission) A. STATE Md. B. COUNTY	
B. FULL NAME OF HOSPITAL OR INSTITUTION 701 McCabe Ave		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore	
D. STREET ADDRESS (If rural, give location) 701 McCabe Ave.		Yrs. Mos. Days	
5. SEX M		6. COLOR OR RACE W	
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) widowed		8. DATE OF BIRTH 6-9-1865	
9. AGE (In years last birthday) 87		10. Under 1 Year Months: Days	
11. Under 24 Hours Hours: Min.		12. CITIZEN OF WHAT COUNTRY? USA	
13. FATHER'S NAME Thomas Mercer		14. MOTHER'S MAIDEN NAME MARY JANE KEENAN	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) No		16. SOCIAL SECURITY NO. ✓	
17. INFORMANT Elmer Mercer		ADDRESS 701 McCabe Ave	

18. **422.1** CAUSE OF DEATHDISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)(A) **Arteriosclerotic Cardio-vascular disease**

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B) DUE TO
(C)II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

INTERVAL BETWEEN ONSET AND DEATH

19A. DATE OF OPERATION 19B. MAJOR FINDINGS OF OPERATION 20. AUTOPSY? YES ☐ NO ☐

21A. EXTERNAL CAUSE WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH.	21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY	21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21F. HOW DID INJURY OCCUR?

2. I certify that I took charge of the remains described above, held an **Inquiry** thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐.23A. SIGNATURE **H. J. Mc Clafferty** 23B. CHIEF MEDICAL EXAMINER ☐ ASSISTANT MEDICAL EXAMINER ☐ MEDICAL INVESTIGATOR ☒ 23C. DATE SIGNED **3/31/53**24A. BURIAL, CREMATION, REMOVAL (Specify) **BURIAL** 24B. DATE **4-3-1953** 24C. NAME OF CEMETERY OR CREMATORY **New Cathedral** 24D. LOCATION (City, town, or county) (State) **Baltimore Md**DATE RECEIVED BY LOCAL REGISTRAR **APR 1 - 1953** REGISTRAR'S SIGNATURE **Huntington Williams** 25. FUNERAL DIRECTOR **John F. Selt** ADDRESS **5209 York Rd**

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**BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH**

53 3246
Registered No.

BIRTH NO.

1. NAME OF DECEASED (Type or Print) Mabel C. Lipscomb			2. DATE OF DEATH April 1, 1953		
3. PLACE OF DEATH: A. Baltimore City, Maryland			4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Virginia B. COUNTY V-43		
B. FULL NAME OF HOSPITAL OR INSTITUTION 6201 Leith Walk			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Portsmouth		
c. Length of stay in Baltimore			D. STREET ADDRESS (If rural, give location)		
5. SEX female	6. COLOR OR RACE white	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Widowed	8. DATE OF BIRTH Nov. 26, 1882		9. AGE (In years last birthday) 70
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) housewife		10B. KIND OF BUSINESS OR INDUSTRY own home	11. BIRTHPLACE (State or foreign country) Richmond, Virginia		12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME Joseph A. Crooks			14. MOTHER'S MAIDEN NAME Ella B. Bradshaw		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)		16. SOCIAL SECURITY NO.	17. INFORMANT ADDRESS Mrs. Carl C. McDade, 6201 Leith Walk		

18. 463X DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.	CAUSE OF DEATH (A) Coronary Thrombosis DUE TO (B) Thrombophlebitis - left leg DUE TO (C)	INTERVAL BETWEEN ONSET AND DEATH 1 Hour 2 MONTHS
	II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.	
	19A. DATE OF OPERATION 0 19B. MAJOR FINDINGS OF OPERATION 20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	

21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH <input type="checkbox"/>		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	

22. I hereby certify that I attended the deceased from **Jan. 17, 1953** to **April 1, 1953** that I last saw the deceased alive on **April 1, 1953** and that death occurred at **10:30 am.** from the causes and on the date stated above.

23A. SIGNATURE **Alfred Cole** M. O. **136 S. Hilton St.** 23B. ADDRESS **April 1, 1953** 23C. DATE SIGNED

24A. BURIAL, CREMATION, REMOVAL (Specify) removal	24B. DATE 4/1/53	24C. NAME OF CEMETERY OR CREMATORY Oak Grove Cemetery	24D. LOCATION (City, town, or county) (State) Portsmouth, Virginia
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DATE RECEIVED BY LOCAL REGISTRAR APR 1 - 1953	REGISTRAR'S SIGNATURE Huntington Williams, M.D.	25. FUNERAL DIRECTOR H.M. Cooke, Inc.	ADDRESS 1217 St. Paul Street
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**BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH**

53 3247
Registered No. _____

FWJ 168974
53 3247
BIRTH NO. _____

1. NAME OF DECEASED (Type or Print) John Eddy Phillips			2. DATE OF DEATH March 27, 1953		
3. PLACE OF DEATH: A. Baltimore City, Maryland			4. USUAL RESIDENCE (Where deceased lived, if institution: residence before admission) A. STATE Maryland B. COUNTY _____		
B. FULL NAME OF (If not in hospital or institution, give street address or location) Baltimore City Hospitals 4940 Eastern Avenue			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore		
c. Length of stay in Baltimore 10 years			D. STREET ADDRESS (If rural, give location) 1306 West Lexington Street		
5. SEX Male	6. COLOR OR RACE White	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH Jan. 25, 1901	9. AGE (In years last birthday) 52	If Under 1 Year Months: Days If Under 24 Hours Hours: Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Auto Painter		10B. KIND OF BUSINESS OR INDUSTRY Kleins Auto Shop		11. BIRTHPLACE (State or foreign country) North Carolina	
13. FATHER'S NAME Cisero Phillips			14. MOTHER'S MAIDEN NAME Grace Thompson		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) Yes WW I		16. SOCIAL SECURITY NO. 239-18-356		17. INFORMANT ADDRESS B. C. H. 4940 Eastern Ave. (records)	

18. 490X DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) Lobar Pneumonia (A) DUE TO _____ (B) DUE TO _____ (C) DUE TO _____ ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.				INTERVAL BETWEEN ONSET AND DEATH	
19A. DATE OF OPERATION 3-24-53		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH <input type="checkbox"/>		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from 3-24-53 , to 3-27-53 , that I last saw the deceased alive on 3-27-53 , and that death occurred at 8:45 P. M. , from the causes and on the date stated above.					
23A. SIGNATURE H. C. Johnson		M. D. 4940 Eastern Avenue		23C. DATE SIGNED	
24A. BURIAL, CREMATION, REMOVAL (Specify) Burial		24B. DATE 4-1-53		24C. NAME OF CEMETERY OR CREMATORY Baltimore National	
24D. LOCATION (City, town, or county) (State) Baltimore Md.		25. FUNERAL DIRECTOR ADDRESS Greenworth Funeral Home 4600 Liberty Heights Ave.			
DATE RECEIVED BY LOCAL REGISTRAR APR 1 - 1953		REGISTRAR'S SIGNATURE Huntington Williams, M.D.		VS 150	

MEDICAL CERTIFICATION

67083

DEPARTMENT OF HEALTH CERTIFICATE OF DEATH

NAME OF DECEASED [Faint text, possibly "John Doe"]		SEX [Faint text, possibly "Male"]		AGE [Faint text, possibly "45"]	
PLACE OF BIRTH [Faint text, possibly "New York City"]		DATE OF BIRTH [Faint text, possibly "Jan 15, 1900"]		PLACE OF DEATH [Faint text, possibly "New York City"]	
OCCUPATION [Faint text, possibly "Teacher"]		CAUSE OF DEATH [Faint text, possibly "Heart Disease"]		MANNER OF DEATH [Faint text, possibly "Natural"]	
SIGNATURE OF PHYSICIAN [Faint text, possibly "Dr. J. Smith"]		SIGNATURE OF REGISTRAR [Faint text, possibly "A. Jones"]		SIGNATURE OF WITNESS [Faint text, possibly "B. Brown"]	
DATE OF DEATH [Faint text, possibly "Feb 10, 1950"]		TIME OF DEATH [Faint text, possibly "10:00 AM"]		PLACE OF INTERMENT [Faint text, possibly "Cemetery"]	
SIGNATURE OF DECEASED [Faint text, possibly "John Doe"]		SIGNATURE OF NEXT OF KIN [Faint text, possibly "Mrs. Jane Doe"]		SIGNATURE OF WITNESS [Faint text, possibly "C. Green"]	

[Handwritten signature]

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 53 3248

1. NAME OF DECEASED (Type or Print) John G. Turner			2. DATE OF DEATH 3-28-53		
3. PLACE OF DEATH: a. Baltimore City, Maryland Balto. Md.			4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Md. B. COUNTY Baltimore		
b. FULL NAME OF HOSPITAL OR INSTITUTION Lutheran Hospital			c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore		
c. Length of stay in Baltimore 7 years			d. STREET ADDRESS (If rural, give location) 3617 Sylvan Drive		
5. SEX Male	6. COLOR OR RACE White	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH Sept. 1907		9. AGE (In years last birthday) 45
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Radio Operator		10b. KIND OF BUSINESS OR INDUSTRY Merchant & Miners	11. BIRTHPLACE (State or foreign country) Anderson Co. - N.C.		12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME John Turner			14. MOTHER'S MAIDEN NAME Jennie Allen		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) Yes		16. SOCIAL SECURITY NO. WW11 242-14-2536	17. INFORMANT ADDRESS T.W. Coble Oakboro		
18. E 976X I DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) Gunshot wound of left chest			CAUSE OF DEATH Route 1 N.C.		
19. ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.			INTERVAL BETWEEN ONSET AND DEATH		
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. EXTERNAL CAUSE WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH.		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) automobile		21c. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location) Dolfield Ave. just above Bell Ave.	
21d. TIME (Month) (Day) (Year) (Hour) OF INJURY 3/28/53 5:48 P.		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		21f. HOW DID INJURY OCCUR? shot self in chest	
22. I certify that I took charge of the remains described above, held an Inspection thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes <input type="checkbox"/> , accident <input type="checkbox"/> , suicide <input checked="" type="checkbox"/> , homicide <input type="checkbox"/> , undetermined <input type="checkbox"/> .					
23a. SIGNATURE William V. ...		23b. CHIEF MEDICAL EXAMINER..... M.D. ASSISTANT MEDICAL EXAMINER..... MEDICAL INVESTIGATOR.....		23c. DATE SIGNED 3-29-53	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE April 1, 1953		24c. NAME OF CEMETERY OR CREMATORY Rocky Mount	
24d. LOCATION (City, town, or county) (State) North Carolina		25. FUNERAL DIRECTOR ADDRESS E. E. ...			

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BALTIMORE CITY HEALTH DEPARTMENT				Registered No. 53 3249	
CERTIFICATE OF DEATH					
BIRTH NO.					
1. NAME OF DECEASED (Type or Print) William Lamb			2. DATE OF DEATH 3/31/53		
3. PLACE OF DEATH: A. Baltimore City, Maryland ✓			4. USUAL RESIDENCE (Where deceased lived, if institution: residence before admission) A. STATE Maryland B. COUNTY 4-02		
B. FULL NAME OF HOSPITAL OR INSTITUTION South Balto. Gen. Hosp - D. O. A.			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore		
C. Length of stay in Baltimore			D. STREET ADDRESS (If rural, give location) 630 W. Baltimore St.		
5. SEX Male		6. COLOR OR RACE white		7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Widowed	
8. DATE OF BIRTH 10/18/1884		9. AGE (In years last birthday) 68		10. UNDER 1 Year Months: Days: Hours: Min.	
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Pensioned		10B. KIND OF BUSINESS OR INDUSTRY Federal Shipyard METAL CONTAINERS (M)		11. BIRTHPLACE (State or foreign country) Tenn.	
12. CITIZEN OF WHAT COUNTRY? U.S.		13. FATHER'S NAME James Lamb		14. MOTHER'S MAIDEN NAME Becky Warren	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) no		16. SOCIAL SECURITY NO.		17. INFORMANT Aline Hillman 38 E. Oxford St	
18. I		CAUSE OF DEATH		INTERVAL BETWEEN ONSET AND DEATH	
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)		(A) Acute Pulmonary Edema DUE TO			
ANTECEDENT CAUSES		(B) Hypertensive CV Disease DUE TO			
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.		(C)			
II		OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONITION CAUSING IT.		Lobar Pneumonia Rt. Lower lobe	
19A. DATE OF OPERATION		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from 11/9/53, 19, to 3/31/53, 19, that I last saw the deceased alive on 3/31/53, 19, and that death occurred at 11:35 p.m., from the causes and on the date stated above.					
23A. SIGNATURE Will Country		23B. ADDRESS South Baltimore East Hope		23C. DATE SIGNED 4/1/53	
24A. BURIAL, CREMATION, REMOVAL (Specify) Buried		24B. DATE April 4, 1953		24C. NAME OF CEMETERY OR CREMATORY Holy Cross Cem	
24D. LOCATION (City, town, or county) Brooklyn 440 Ave		24E. DATE RECEIVED BY LOCAL REGISTRAR APR 1 - 1953		24F. REGISTRAR'S SIGNATURE Huntington Williams, M.D.	
24G. FUNERAL DIRECTOR A. Howard		24H. ADDRESS 8100 14th St Charles 10			
VS 150					
6903E					

EXHIBIT OF THE UNITED STATES OF AMERICA
IN THE DISTRICT COURT OF THE DISTRICT OF COLUMBIA
IN RE: THE ESTATE OF JOHN W. BROWN, DECEASED

FILE NO. 100-100000

DATE: 10/1/1910

BY: J. W. BROWN

FOR: J. W. BROWN

BY: J. W. BROWN

FOR: J. W. BROWN

BY: J. W. BROWN

FOR: J. W. BROWN

BY: J. W. BROWN

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BY: J. W. BROWN

FOR: J. W. BROWN

261 53 3250		BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH		X Registered No. 53 3250	
1. NAME OF DECEASED (Type or Print)		Robert Musgrove		2. DATE OF DEATH Apr. 1, 1953	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived, If institution; residence before admission) A. STATE Md. COUNTY Worcester		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Pocomoke	
B. FULL NAME OF HOSPITAL OR INSTITUTION University Hospital		D. STREET ADDRESS (If rural, give location) 7329			
C. Length of stay in Baltimore 5		Yrs. Mos. Days			
5. SEX M.	6. COLOR OR RACE W	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH Dec 8, 1951	9. AGE (in years last birthday) 1	10. Under 1 Year Months: Days 3
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10B. KIND OF BUSINESS OR INDUSTRY in farm		11. BIRTHPLACE (State or foreign country) Maryland	
12. CITIZEN OF WHAT COUNTRY? U.S.A.		13. FATHER'S NAME Robert Musgrove		14. MOTHER'S MAIDEN NAME Myrtle ENNIS	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown)		16. SOCIAL SECURITY NO.		17. INFORMANT Mrs Myrtle ENNIS, Pocomoke, Md.	
18. 344a I DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)		CAUSE OF DEATH		INTERVAL BETWEEN ONSET AND DEATH	
ANTECEDENT CAUSES		(A) Increased intracranial pressure		Not known	
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.		(B) Internal Hydrocephalus		"	
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		(C)			
19A. DATE OF OPERATION 0		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH		21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from Apr 1, 1953, to Apr 1, 1953, that I last saw the deceased alive on Apr. 1, 1953, and that death occurred at 1045 m., from the causes and on the date stated above.					
23A. SIGNATURE J.D. Baker		23B. ADDRESS Univ. Hosp		23C. DATE SIGNED 4/1/53	
24A. BURIAL, CREMATION, REMOVAL (Specify) Burial		24B. DATE 4-3-53		24C. NAME OF CEMETERY OR CREMATORY Baptist Cemetery	
24D. LOCATION (City, town, or county) (State) Pocomoke, Md.		DATE RECEIVED BY LOCAL REGISTRAR APR 2 - 1953		REGISTRAR'S SIGNATURE Huntington Williams, M.D.	
25. FUNERAL DIRECTOR Henry H. Watson, Pocomoke, Md.		ADDRESS			

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

1930

1. Name of Deceased: [Illegible]

2. Sex: [Illegible]

3. Age: [Illegible]

4. Date of Birth: [Illegible]

5. Date of Death: [Illegible]

6. Place of Death: [Illegible]

7. Cause of Death: [Illegible]

8. Signature of Physician: [Illegible]

9. Signature of Registrar: [Illegible]

10. Date of Registration: [Illegible]

**BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH**

Registered No. 53 3251

625

BIRTH NO. 3251

1. NAME OF DECEASED
(Type or Print)

Kenneth R. Merson.

2. DATE
OF
DEATH

3/31/53

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF
HOSPITAL OR
INSTITUTION (If not in hospital or institution, give street address or location)

809 Union Ave.

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE B. COUNTY

Md.

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Baltimore.

D. STREET ADDRESS (If rural, give location)

809 Union Ave.

5. SEX

Male.

6. COLOR OR RACE

White

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

Married

8. DATE OF BIRTH

Feb. 24, 1909

9. AGE (in years
last birthday)

44

H Under 1 Year
Months: Days

H Under 24 Hours
Hours: Min.

10A. USUAL OCCUPATION (Give kind of
work done during most of worklog life, even if retired)

Foreman

10B. KIND OF BUSINESS OR
INDUSTRY

Roland Park Realty Co

11. BIRTHPLACE (State or foreign country)

Md.

12. CITIZEN OF
WHAT COUNTRY?

13. FATHER'S NAME

14. MOTHER'S MAIDEN NAME

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)

16. SOCIAL
SECURITY NO.

213-14-5205

17. INFORMANT

ADDRESS

Dorothy R. Merson 809 Union Ave.

18. **420.1**

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

DUE TO

(A) Coronary Thrombosis

3 days

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

DUE TO

(B) Coronary vascular disease

3 years

(C)

II
OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒

21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH

21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID
INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

WHILE AT ☐ NOT WHILE ☐
WORK AT WORK

22. I hereby certify that I attended the deceased from **May 1950 to March 31, 1953** that I last saw the deceased alive on **March 31, 1953**, and that death occurred at **5:30 P. M.**, from the causes and on the date stated above.

23A. SIGNATURE

23B. ADDRESS

23C. DATE SIGNED

W. H. S. Senger M. D.

1520 E. 83rd St.

4-2-53

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county) (State)

Burial

4/4/53

Woodlawn

Woodlawn Md.

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

APR 2 - 1953

Huntington Williams

Paul C. Chenoweth Jr. 3615-17 Chestnut Ave.

MEDICAL CERTIFICATION

Dr. Genger
1520 E. 33rd St.

9-10

-552

53 3252

BIRTH NO.

3-07395

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

53 3252

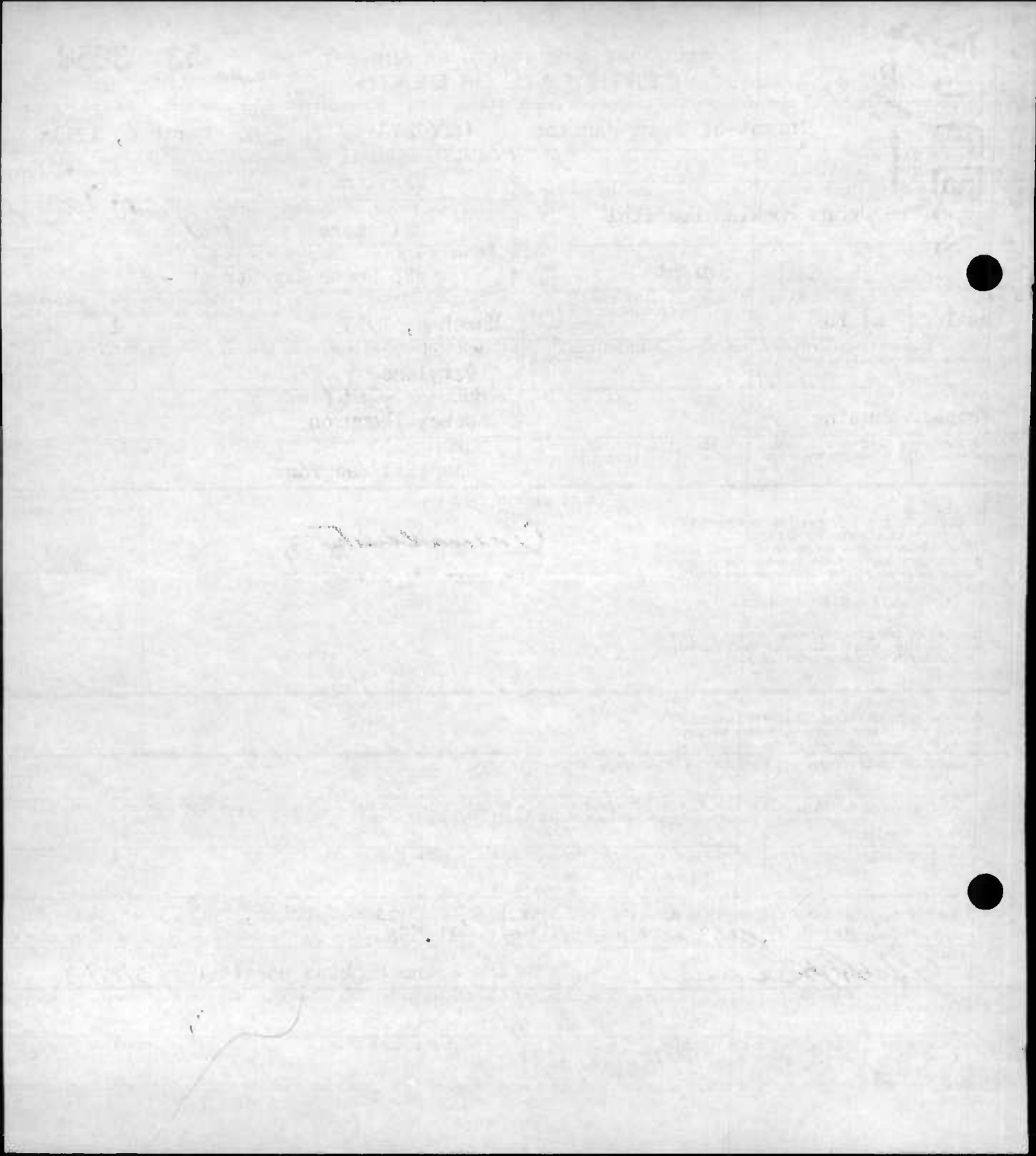
Registered No.

1. NAME OF DECEASED (Type or Print) Infant of Nancy Manning		(606147)		2. DATE OF DEATH March 6, 1953	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Maryland B. COUNTY			
B. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION The Johns Hopkins Hospital		C. CITY OR TOWN (If outside corporate limits, write full name, and give township) Baltimore			
c. Length of stay in Baltimore Infant		D. STREET ADDRESS (If rural, give location) 728 North Gay Street - 2			
5. SEX Female	6. COLOR OR RACE Negro	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)		8. DATE OF BIRTH March 5, 1953	9. AGE (in years last birthday) If Under 1 Year Months: Days: 1
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10B. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) Maryland	
12. CITIZEN OF WHAT COUNTRY?		13. FATHER'S NAME Frazier Manning			
14. MOTHER'S MAIDEN NAME Nancy Thompson		15. WAS DECEASED EVER IN U. S. ARMED FORCES? (If yes, give war or dates of service)			
16. SOCIAL SECURITY NO.		17. INFORMANT Hospital Records			

18. 776x DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		CAUSE OF DEATH (A) Pneumonia DUE TO (B) DUE TO (C)		INTERVAL BETWEEN ONSET AND DEATH	
--	--	---	--	----------------------------------	--

19A. DATE OF OPERATION 0		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from March 5, 1953, to March 6, 1953 that I last saw the deceased alive on March 6, 1953, and that death occurred at 12.55A., from the causes and on the date stated above.					
23A. SIGNATURE [Signature]		23B. ADDRESS The Johns Hopkins Hospital		23C. DATE SIGNED 3/27/53	

24A. BURIAL, CREMATION, REMOVAL (Specify)		24B. DATE		24C. NAME OF CEMETERY OR CREMATORY		24D. LOCATION (City, town, or county) (State)	
DATE RECEIVED BY LOCAL REGISTRAR APR 2 - 1953		REGISTRAR'S SIGNATURE Huntington Williams, M.D.		25. FUNERAL DIRECTOR		ADDRESS	



D-000

53 3253

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 53 3253

BIRTH NO. 53-07537

1. NAME OF DECEASED
(Type or Print)

Baby Irene Dee

2. DATE
OF
DEATH

March 27, 1953

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE

B. COUNTY

B. FULL NAME OF HOSPITAL OR INSTITUTION

JOHNS HOPKINS HOSPITAL

C. CITY OR TOWN (If outside corporate limits, write full name and give township)

Baltimore

D. STREET ADDRESS (If rural, give location)

6713 Railway Ave.

c. Length of stay in Baltimore

Yrs.
Mos.
Days

5. SEX

Female

6. COLOR OR RACE

White

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)

Single

8. DATE OF BIRTH

3-25-53

9. AGE (in years last birthday)

10. Under 1 Year
Months: Days: Hours: Min.

2

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

10B. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country)

Md

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME

Robert Dee

14. MOTHER'S MAIDEN NAME

Lounel

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT

ADDRESS

JOHNS HOPKINS HOSPITAL

18. 776x I

CAUSE OF DEATH

INTERVAL BETWEEN ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A)

Prematurity

DUE TO

2 day

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B)

DUE TO

(C)

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH

21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) INJURY

21E. INJURY OCCURRED

m.

WHILE AT WORK ☐NOT WHILE AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 3-25, 1953, to 3-27, 1953, that I last saw the deceased alive on 3-27, 1953, and that death occurred at 10:25 p.m., from the causes and on the date stated above.

23A. SIGNATURE

H. Neal Kihman

23B. ADDRESS

JOHNS HOPKINS HOSPITAL

23C. DATE SIGNED

24A. BURIAL, CREMATION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county)

(State)

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

APR 2 - 1953

Huntington Williams, MD

VS 150

Hospital Disposal

MEDICAL CERTIFICATION

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612
53 3254BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 53 3254

BIRTH NO.		1. NAME OF DECEASED (Type or Print) Krebs, Margaret		2. DATE OF DEATH 4/1/53	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Maryland B. COUNTY			
B. FULL NAME OF HOSPITAL OR INSTITUTION Mercy Hospital		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore 27-10			
C. Length of stay in Baltimore 82 Yrs. Mos. Days		D. STREET ADDRESS (If rural, give location) 724 McCabe Ave #12			
5. SEX F	6. COLOR OR RACE W	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Widowed	8. DATE OF BIRTH 8/24/1870	9. AGE (In years last birthday) 82	If Under 1 Year Months: Days If Under 24 Hours Hours: Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10B. KIND OF BUSINESS OR INDUSTRY own home		11. BIRTHPLACE (State or foreign country) Maryland	12. CITIZEN OF WHAT COUNTRY? US
13. FATHER'S NAME Henry Gadel		14. MOTHER'S MAIDEN NAME Rosita Johnson			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) No		16. SOCIAL SECURITY NO. None		17. INFORMANT ADDRESS Miss Louise E. Krebs-724 McC. Ave. Baltimore	
18. 420.0 I DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthma, etc. It means the disease, injury or complication which caused death.) Congestive heart failure: anemia DUE TO (A) per. glass ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. per. glass DUE TO (B) per. glass DUE TO (C)		CAUSE OF DEATH Congestive heart failure: anemia per. glass		INTERVAL BETWEEN ONSET AND DEATH 3 days	
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.					
19A. DATE OF OPERATION		19B. MAJOR FINDINGS OF OPERATION			20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
21A. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING CAUSE OF DEATH <input type="checkbox"/>		21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from March 27 , 19 53 , to April 1 , 19 53 , that I last saw the deceased alive on April 1 , 19 53 , and that death occurred at 9:30 A.m. , from the causes and on the date stated above.					
23A. SIGNATURE Nicholas d. Palmer		23B. ADDRESS Mercy Hospital		23C. DATE SIGNED 4/1/53	
24A. BURIAL, CREMATION, REMOVAL (Specify) Burial		24B. DATE 4-3-53		24C. NAME OF CEMETERY OR CREMATORY Parkwood Cemetery	
24D. LOCATION (City, town, or county) Taylor Ave. Balto: Co. Md		24E. FUNERAL DIRECTOR George J. Ruth, Inc. - 1735 Harford Avenue			
DATE RECEIVED BY LOCAL REGISTRAR APR 2 - 1953		REGISTRAR'S SIGNATURE Huntington Williams		ADDRESS George J. Ruth, Inc. - 1735 Harford Avenue	

**BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH**

53 3255
Registered No.

652
53 3255
BIRTH NO.

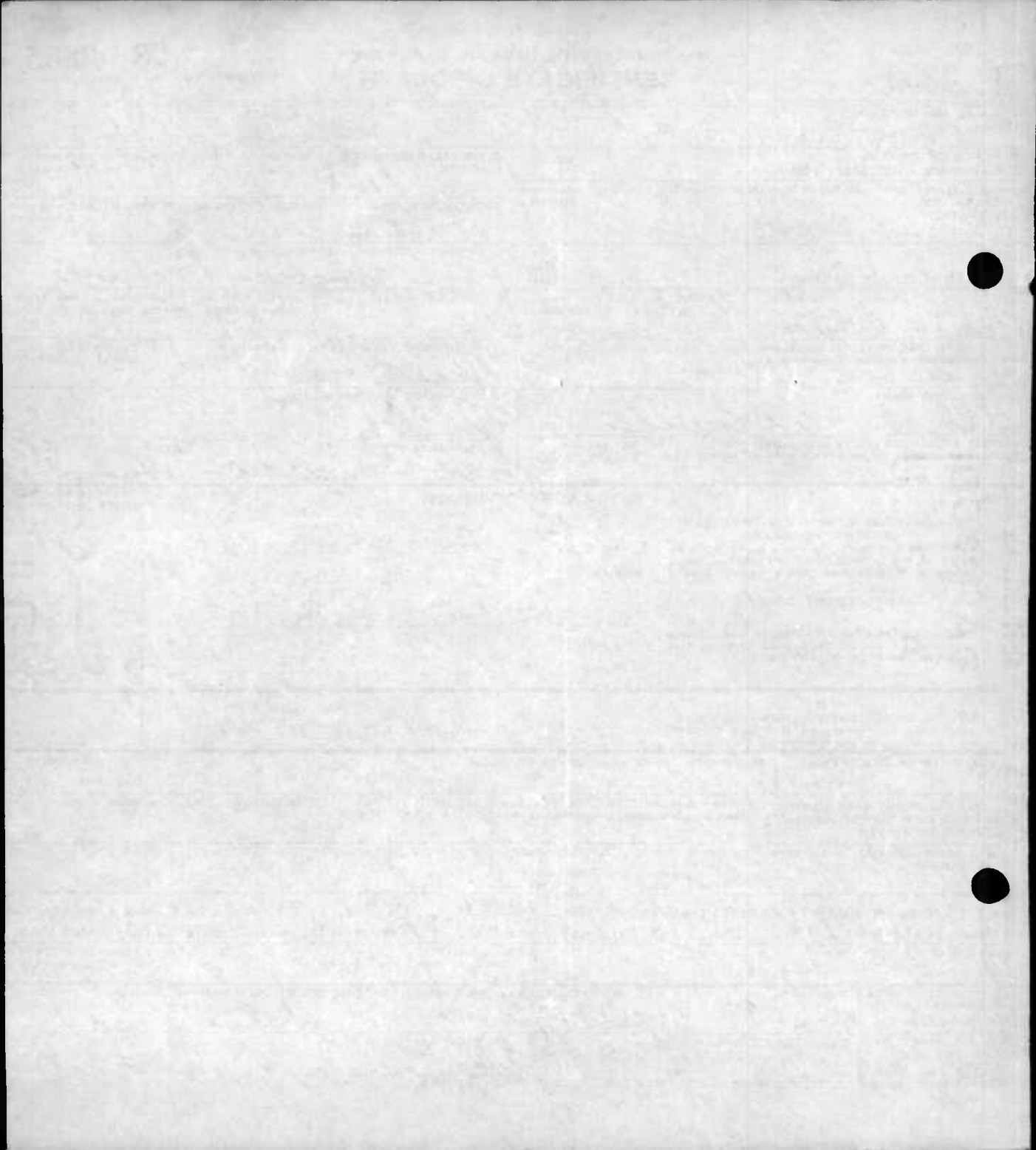
1. NAME OF DECEASED (Type or Print) BERNSTEIN, JENNIE		2. DATE OF DEATH 3/30/53	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Md B. COUNTY	
B. FULL NAME OF (If not in hospital or institution, give street address or location) SINAI HOSPITAL		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore 15-13	
D. STREET ADDRESS (If rural, give location) 4002 Spruce Drive		E. DATE OF BIRTH	
F. AGE (In years last birthday) 69		G. Under 1 Year: Months: Days: H Under 24 Hours: Hours: Min.	
H. SEX Female		I. COLOR OR RACE White	
J. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Widow		K. DATE OF BIRTH	
L. USUAL OCCUPATION (Give kind of work done during most of working life, or if retired) Housewife		M. BIRTHPLACE (State or foreign country) New York N.Y.	
N. KIND OF BUSINESS OR INDUSTRY		O. CITIZEN OF WHAT COUNTRY?	
P. FATHER'S NAME Albert Abrams		Q. MOTHER'S MAIDEN NAME Molly	
R. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)		S. SOCIAL SECURITY NO.	
T. INFORMANT Jack Lubman - same		U. ADDRESS	

18. 443X I DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) congestive heart failure		INTERVAL BETWEEN ONSET AND DEATH
(A) DUE TO		
(B) DUE TO HAS CVD & CVA (2)		
C. ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.		
D. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		

19A. DATE OF OPERATION		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from 3-29-1953 to 3/30/53 , 19 53 , that I last saw the deceased alive on 3/30 , 19 53 , and that death occurred at 7:30 P m., from the causes and on the date stated above.					
23A. SIGNATURE RAS milder		23B. ADDRESS 714 N. Broadway		23C. DATE SIGNED 7/30/53	

24A. BURIAL, CREMATION, REMOVAL (Specify) Burial		24B. DATE 4-2-53		24C. NAME OF CEMETERY OR CREMATORY Arlington		24D. LOCATION (City, town, or county) (State) Balto Md	
25. DATE RECEIVED BY LOCAL REGISTRAR APR 2 - 1953		REGISTRAR'S SIGNATURE Huntington Williams		25. FUNERAL DIRECTOR Jack Lewis		ADDRESS 2100 Canton Rd	

MEDICAL CERTIFICATION



CERTIFICATE CORRECTED

4-7-53 and 7/6/53 B

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No. 53 3256

3 3256
BIRTH NO.

1. NAME OF DECEASED (Type or Print) <i>Sidney Joffe</i>		2. DATE OF DEATH <i>3-31-53</i>	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived, if institution: residence before admission) A. STATE <i>Md</i> B. COUNTY <i>28-06</i>	
B. FULL NAME OF (If not in hospital or institution, give street address or location) <i>Lutheran Hosp</i>		C. CITY OR TOWN (If outside corporate limits, with RURAL and give township) <i>Baltimore</i>	
C. Length of stay in Baltimore <i>Life</i> Yrs. Mos. Days		D. STREET ADDRESS (If rural, give location) <i>4502 Springdale Ave</i>	
5. SEX <i>Male</i>	6. COLOR OR RACE <i>White</i>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <i>Married</i>	8. DATE OF BIRTH <i>Apr. 7, 1912</i>
9A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>Distributor Water Systems</i>		9. AGE (In years last birthday) <i>40</i>	
10A. CITIZENSHIP (State or foreign country) <i>Baltimore Md</i>		10B. KIND OF BUSINESS OR INDUSTRY	
11. BIRTHPLACE (State or foreign country) <i>Baltimore Md</i>		12. CITIZEN OF WHAT COUNTRY?	
13. FATHER'S NAME <i>Benjamin</i>		14. MOTHER'S MAIDEN NAME <i>Sophie</i>	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.	
17. INFORMANT <i>Bernice Joffe - home</i>		ADDRESS	

18. <i>193X</i> DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.	CAUSE OF DEATH (A) <i>Brain Tumor Right Frontal lobe Astrocytoma</i> DUE TO (B) <i>Respiratory Aneat</i> DUE TO (C)	INTERVAL BETWEEN ONSET AND DEATH <i>4 yrs 10 min</i>
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19A. DATE OF OPERATION <i>3-31-53</i>	19B. MAJOR FINDINGS OF OPERATION <i>an studies negative</i>	20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)	21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY	21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from *3-27-53*, 19__, to *3-31-53*, 19__, that I last saw the deceased alive on *3-31-53*, 19__, and that death occurred at *5:00 P.m.*, from the causes and on the date stated above.

23A. SIGNATURE <i>Harold L. Daly Jr.</i> M. D.	23B. ADDRESS <i>Lutheran Hospital</i>	23C. DATE SIGNED <i>3-31-53</i>
24A. BURIAL, CREMATION, REMOVAL (Specify) <i>Burial</i>	24B. DATE <i>4-2-53</i>	24C. NAME OF CEMETERY OR CREMATORY <i>Beth T. Fildes</i>
24D. LOCATION (City, town, or county) <i>Baltimore Md</i>	(State)	

DATE RECEIVED BY LOCAL REGISTRAR <i>APR 1 - 1953</i>	REGISTRAR'S SIGNATURE <i>Huntington Williams, MD</i>	25. FUNERAL DIRECTOR <i>Jack Lewis</i>	ADDRESS <i>2100 Canton Rd</i>
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2965F

MEDICAL CERTIFICATION

See query reply in Document File

**BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH**

Registered No. **53 3257**

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

DAVID FREEDMAN

2. DATE
OF
DEATH

4/1/53

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location)

University Hospital

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE

B. COUNTY

Maryland

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Baltimore

D. STREET ADDRESS (If rural, give location)

3919 Fairview Ave.

C. Length of stay in Baltimore

40 1/2

5. SEX

Male

6. COLOR OR RACE

White

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)

Married

8. DATE OF BIRTH

June 1, 1893

9. AGE (In years last birthday)

59

10. Under 1 Year Months: Days: 11. Under 24 hours Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

10B. KIND OF BUSINESS OR INDUSTRY

Sailor

11. BIRTHPLACE (State or foreign country)

Russia

12. CITIZEN OF WHAT COUNTRY?

USA

13. FATHER'S NAME

Isaac Freedman

14. MOTHER'S MAIDEN NAME

Freda Pearl

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

213-09-9277

17. INFORMANT

ADDRESS **3919**

Sadie Freedman Fairview Ave

18. **420.1**

CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH

(This does not mean the mode of dying, e. g., heart failure, asthma, etc. It means the disease, injury or complication which caused death.)

(A)

Myocardial Infarction

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B)

DUE TO

(C)

INTERVAL BETWEEN ONSET AND DEATH

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐

21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

m.

WHILE AT WORK ☐

NOT WHILE AT WORK ☐

22. I hereby certify that I attended the deceased from **3/31/53**, 19__, to **4/1/53**, 19__, that I last saw the deceased alive on **4/1/53**, 19__, and that death occurred at **12:25 A.M.**, from the causes and on the date stated above.

23A. SIGNATURE

A. J. Friedlander

M. D.

23B. ADDRESS

2300 9th St.

23C. DATE SIGNED

4/1/53

24A. BURIAL, CREMATION, REMOVAL (Specify)

Burial

24B. DATE

April 4/53

24C. NAME OF CEMETERY OR CREMATORY

Hebrew Burial Society

24D. LOCATION (City, town, or county)

Hamilton Ave, Balto, Md

(State)

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

Huntington Williams, M.D.

25. FUNERAL DIRECTOR

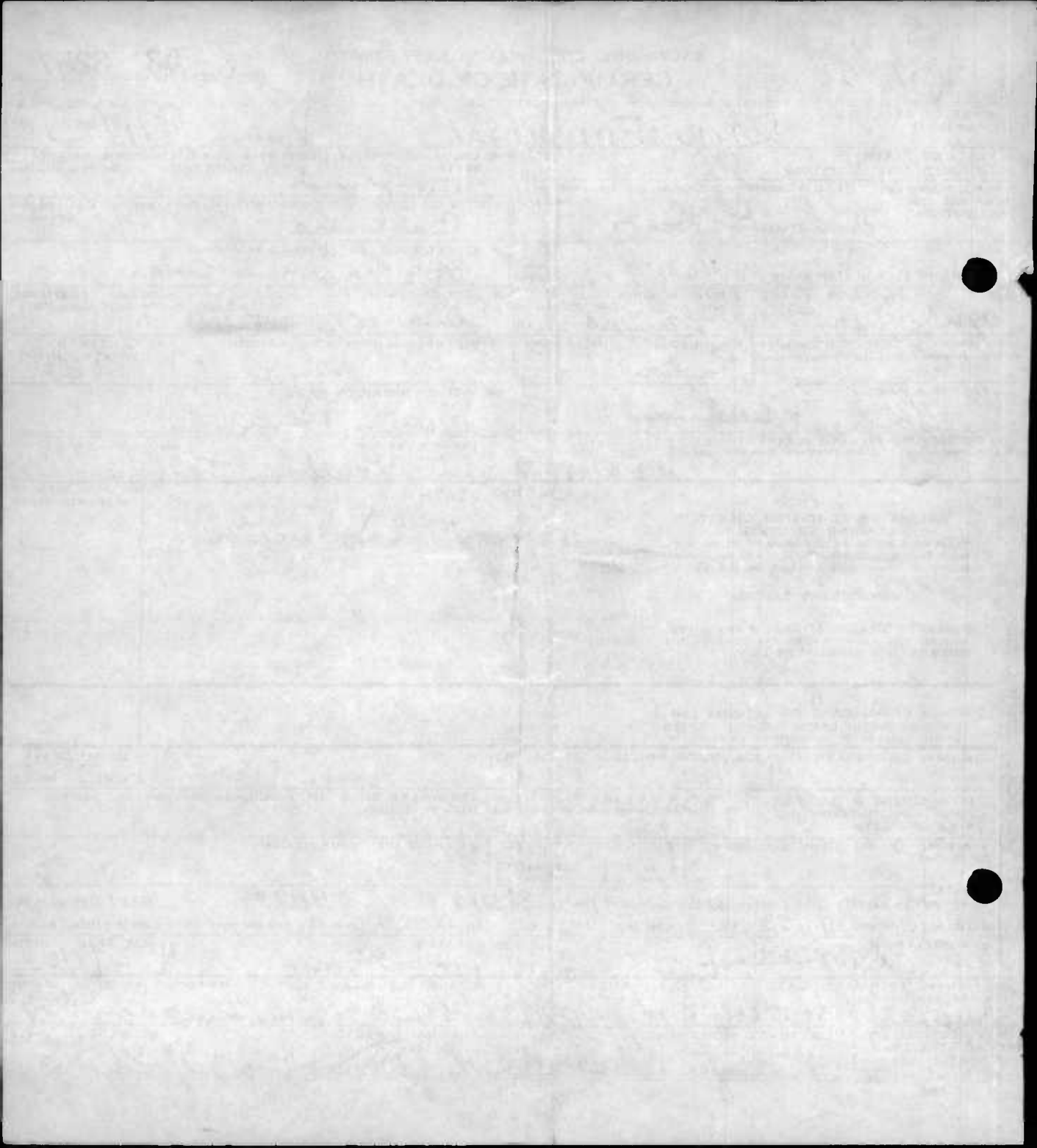
Sol Livimont Bus North Ave

ADDRESS

VS 150

59046

MEDICAL CERTIFICATION



520
53 3258
BIRTH NO.

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 53 3258

1. NAME OF DECEASED (Type or Print) JULIA F. JONES		2. DATE OF DEATH 3/30/53	
3. PLACE OF DEATH: A. Baltimore City, Maryland FRANKLIN SQUARE HOSP.		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE MARYLAND B. COUNTY Baltimore	
B. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION FRANKLIN SQUARE HOSPITAL		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) BALTIMORE	
C. Length of stay in Baltimore Life		D. STREET ADDRESS (If rural, give location) 6 WALNUT AVE 5300	
5. SEX FEMALE	6. COLOR OR RACE WHITE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) MARRIED	8. DATE OF BIRTH APRIL 6, 1897
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) HOUSE WORK		10B. KIND OF BUSINESS OR INDUSTRY AT HOME.	
13. FATHER'S NAME WILLIAM SEAL		12. CITIZEN OF WHAT COUNTRY? USA	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) NO		16. SOCIAL SECURITY NO. NONE	
11. BIRTHPLACE (State or foreign country) MARYLAND		12. CITIZEN OF WHAT COUNTRY? USA	
14. MOTHER'S MAIDEN NAME TRESSIE JARRETT		17. INFORMANT ADDRESS ROSCOE C JONES 6 WALNUT AVE.	

18. 592X DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) Uremia (A) DUE TO	CAUSE OF DEATH Uremia	INTERVAL BETWEEN ONSET AND DEATH
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. glomerulo-nephritis chronic (B) DUE TO		
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		

19A. DATE OF OPERATION 0	19B. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>
21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)	21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY	21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21F. HOW DID INJURY OCCUR?
22. I hereby certify that I attended the deceased from 3/19 , 19 53 , to 3/30 , 19 53 that I last saw the deceased alive on 3/30 , 19 53 , and that death occurred at 3:20 P.M. , from the causes and on the date stated above.		
23A. SIGNATURE Franklin Square Hosp.	23B. ADDRESS Franklin Square Hosp.	23C. DATE SIGNED

24A. BURIAL, CREMATION, REMOVAL (Specify) BURIAL	24B. DATE APRIL 2 1953	24C. NAME OF CEMETERY OR CREMATORY LOUDON PARK CEMETERY	24D. LOCATION (City, town, or county) (State) FREDERICK RD. MD.
DATE RECEIVED BY LOCAL REGISTRAR APR 2 - 1953	REGISTRAR'S SIGNATURE Huntington Williams	25. FUNERAL DIRECTOR Duffel Bros	ADDRESS 7110 BELAIR RD.

CERTIFICATE OF DEATH

24

25



BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATHRegistered 58 3259R-262
BIRTH NO. 3259

1. NAME OF DECEASED (Type or Print) THOMAS Leo ROGERS			2. DATE OF DEATH March 31, 1953		
3. PLACE OF DEATH: A. Baltimore City, Maryland Baltimore City			4. USUAL RESIDENCE (Where deceased lived. If institution; residence before admission) A. STATE Maryland B. COUNTY		
B. FULL NAME OF HOSPITAL OR INSTITUTION Baltimore City Hospitals			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore		
c. Length of stay in Baltimore Life Yrs. Mos. Days			D. STREET ADDRESS (If rural, give location) 2611 Kirk Avenue		
5. SEX Male	6. COLOR OR RACE White	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH August 20, 1908	9. AGE (In years last birthday) 44	10. Under 1 Year Months Days 11. Under 24 Hours Hours Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Bricklayer			10B. KIND OF BUSINESS OR INDUSTRY Bethlehem Steel Co.		
13. FATHER'S NAME Frank Rogers			14. MOTHER'S MAIDEN NAME Agnes Williams		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) No (If yes, give war or dates of service)			16. SOCIAL SECURITY NO. 213-09-4163		
17. INFORMANT Mrs Frances D Rogers			ADDRESS 2611 Kirk Ave		

18. 002X

CAUSE OF DEATH

INTERVAL BETWEEN ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) **Asphyxia due to aspiration of blood**
DUE TO **massive hemorrhage due to pulmonary tuberculosis, bilateral**

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B)
DUE TO
(C)

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
21A. EXTERNAL CAUSE WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH.		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I certify that I took charge of the remains described above, held an <u>Partial Autopsy</u> thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: <u>natural causes</u> <input checked="" type="checkbox"/> , accident <input type="checkbox"/> , suicide <input type="checkbox"/> , homicide <input type="checkbox"/> , undetermined <input type="checkbox"/> .					
23A. SIGNATURE RS Fisher		23B. CHIEF MEDICAL EXAMINER <input checked="" type="checkbox"/> ASSISTANT MEDICAL EXAMINER <input type="checkbox"/> MEDICAL INVESTIGATOR <input type="checkbox"/>		23C. DATE SIGNED April 1, 1953	

24A. BURIAL, CREMATION, REMOVAL (Specify) Burial	24B. DATE April 5, 1953	24C. NAME OF CEMETERY OR CREMATORY Parkwood Cemetery	24D. LOCATION (City, town, or county) (State) Baltimore Co. Md.
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DATE RECEIVED BY LOCAL REGISTRAR APR 2 - 1953	REGISTRAR'S SIGNATURE Huntington Williams, M.D.	25. FUNERAL DIRECTOR J. Melville Jenkins	ADDRESS 2713 Kirk Ave
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1942 84

RECEIVED BY THE
DEPARTMENT OF HEALTH

1942

1942 84

1942



BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 53 3260

G-620
53 3260
BIRTH NO.

1. NAME OF DECEASED (Type or Print)			2. DATE OF DEATH		
ALBERT GEORGE			March 30, 1953		
3. PLACE OF DEATH: A. Baltimore City, Maryland			4. USUAL RESIDENCE (Where deceased lived, if institution: residence before admission) A. STATE Maryland B. COUNTY		
B. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION Johns Hopkins Hospital			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore		
c. Length of stay in Baltimore Yrs. Mos. Days			D. STREET ADDRESS (If rural, give location) 831 S. Bond Street		
5. SEX Male	6. COLOR OR RACE White	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) S.	8. DATE OF BIRTH Jan. 19, 1891	9. AGE (In years last birthday) 62	10. Under 1 Year Months: Days
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Seaman		10B. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) Kansas		12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME			14. MOTHER'S MAIDEN NAME		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) Yes		16. SOCIAL SECURITY NO. 212-16-6586		17. INFORMANT ADDRESS Personal Papers & Records	
18. E903.0 DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) DUE TO Acute pancreatitis Acute fibrinous peritonitis Adhesive pericarditis			CAUSE OF DEATH Second and third degree burns, 50% of body		
19. ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.			INTERVAL BETWEEN ONSET AND DEATH		
19A. DATE OF OPERATION		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
21A. EXTERNAL CAUSE WAS UNDERLYING <input checked="" type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH.		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.) home		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location) 831 S. Bond St.	
21D. TIME (Month) (Day) (Year) (Hour) March 27, 1953 4:00 P.		21E. INJURY OCCURRED WHILE AT <input type="checkbox"/> WORK NOT WHILE AT WORK <input checked="" type="checkbox"/>		21F. HOW DID INJURY OCCUR? Had convulsion and fell into coal stove	
22. I certify that I took charge of the remains described above, held an autopsy thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes <input type="checkbox"/> , accident <input checked="" type="checkbox"/> , suicide <input type="checkbox"/> , homicide <input type="checkbox"/> , undetermined <input type="checkbox"/> .					
23A. SIGNATURE William H. H. H.		23B. CHIEF MEDICAL EXAMINER <input checked="" type="checkbox"/> ASSISTANT MEDICAL EXAMINER <input type="checkbox"/> MEDICAL INVESTIGATOR <input type="checkbox"/>		23C. DATE SIGNED March 31, 1953	
24A. BURIAL, CREMATION, REMOVAL (Specify) Burial		24B. DATE April 3, 1955		24C. NAME OF CEMETERY OR CREMATORY Baltimore National Ceme.	
24D. LOCATION (City, town, or county) (State) 5501 Frederick Ave.		24E. DATE RECEIVED BY LOCAL REGISTRAR APR 2 - 1955		24F. REGISTRAR'S SIGNATURE George A. Weber	
24G. V S 151		24H. N 948.2		24I. 673 55	

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BALTIMORE CITY HEALTH DEPARTMENT			53 3262		
BIRTH NO. 73-08240			CERTIFICATE OF DEATH		
1. NAME OF DECEASED (Type or Print) Baby Boy Miller			2. DATE OF DEATH 4-1-53		
3. PLACE OF DEATH: A. Baltimore City, Maryland			4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE B. COUNTY		
B. FULL NAME OF HOSPITAL OR INSTITUTION St. Agnes Hospital			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore 25-43		
c. Length of stay in Baltimore			D. STREET ADDRESS (If rural, give location) 2405 Georgetown Rd. #30		
5. SEX Male	6. COLOR OR RACE White	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH 3-31-53	9. AGE (In years last birthday) 1 day old	10. Under 1 Year Months: Days
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)			10B. KIND OF BUSINESS OR INDUSTRY		
11. BIRTHPLACE (State or foreign country)			12. CITIZEN OF WHAT COUNTRY?		
13. FATHER'S NAME Kenneth Miller			14. MOTHER'S MAIDEN NAME Adele Watts		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)			16. SOCIAL SECURITY NO.		
17. INFORMANT Harry Miller 2405 Georgetown Rd Balt 30 Md			ADDRESS		
18. 761.5 I DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.			CAUSE OF DEATH (A) <u>Allegation</u> DUE TO (B) <u>Prematurity</u> DUE TO (C) <u>Premature separation of placenta</u> INTERVAL BETWEEN ONSET AND DEATH		
19A. DATE OF OPERATION 0			19B. MAJOR FINDINGS OF OPERATION		
20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>					
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH			21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)					
21D. TIME (Month) (Day) (Year) (Hour) INJURY			21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		
21F. HOW DID INJURY OCCUR?					
22. I hereby certify that I attended the deceased from 3-31, 1953 to 4-1, 1953 that I last saw the deceased alive on 4-1-1953 and that death occurred at 2:00 p.m., from the causes and on the date stated above.					
23A. SIGNATURE P. H. Eng - Jun			23B. ADDRESS St. Agnes Hospital		
23C. DATE SIGNED 4-1-53					
24A. BURIAL, CREMATION, REMOVAL (Specify) Burial			24B. DATE April 3 - 1953		
24C. NAME OF CEMETERY OR CREMATORY London Park Cems			24D. LOCATION (City, town, or county) (State) Frederick, Md		
25. FUNERAL DIRECTOR Huntington Williams, Mr. Edward Joulson Balt 30 Md			ADDRESS		

INSTITUTE FOR MEDICAL RESEARCH
CERTIFICATE OF DEATH

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53 3263
BIRTH NO.

ARNEY
BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

53 3263
Registered No.

1. NAME OF DECEASED (Type or Print) <i>Jessie L. Arney</i>		2. DATE OF DEATH <i>April-1-53</i>	
3. PLACE OF DEATH: A. Baltimore City, Maryland <i>3141 Abell Ave</i>		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE <i>md.</i> B. COUNTY <i>Baltimore</i>	
B. FULL NAME OF HOSPITAL OR INSTITUTION <i>at home</i>		C. CITY OR TOWN (If outside corporate limits, write R.U.R., and give township) <i>Baltimore</i>	
C. Length of stay in Baltimore <i>Probably 50</i> Yrs. <i>50</i> Mos. <i>50</i> Days		D. STREET ADDRESS (If rural, give location) <i>3141 Abell Ave</i>	
5. SEX <i>Female</i>	6. COLOR OR RACE <i>White</i>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <i>Single</i>	8. DATE OF BIRTH <i>About 1879</i>
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>None</i>		10B. KIND OF BUSINESS OR INDUSTRY <i>None</i>	9. AGE (in years last birthday) <i>73</i>
11. BIRTHPLACE (State or foreign country) <i>not known</i>		12. CITIZEN OF WHAT COUNTRY? <i>U.S.</i>	
13. FATHER'S NAME <i>unknown</i>		14. MOTHER'S MAIDEN NAME <i>unknown</i>	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) <i>No</i>		16. SOCIAL SECURITY NO. <i>216-07-6078A</i>	
17. INFORMANT <i>J. M. Cook (friend)</i>		ADDRESS <i>1810 Franklin St.</i>	
18. <i>450.0</i> DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) <i>III</i> DUE TO <i>III</i>		CAUSE OF DEATH <i>arterio sclerosis</i>	
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. <i>arterio sclerosis</i>		INTERVAL BETWEEN ONSET AND DEATH <i>unknown</i>	
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.			
19A. DATE OF OPERATION <i>0</i>		19B. MAJOR FINDINGS OF OPERATION	
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH <input type="checkbox"/>		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)			
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
21F. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from <i>Jan 1</i> , 1953, to <i>April 1</i> , 1953, that I last saw the deceased alive on <i>April 1</i> , 1953, and that death occurred at <i>1</i> m., from the causes and on the date stated above.			
23A. SIGNATURE <i>Charles H. Goodborough</i>		23B. ADDRESS <i>2923 St Paul St</i>	
23C. DATE SIGNED <i>4/2/53</i>			
24A. BURIAL, CREMATION, REMOVAL (Specify) <i>burial</i>		24B. DATE <i>April 4/53</i>	
24C. NAME OF CEMETERY OR CREMATORY <i>Louisa Park</i>		24D. LOCATION (City, town, or county) (State) <i>Baltimore</i>	
DATE RECEIVED BY LOCAL REGISTRAR <i>APR 2-1953</i>		25. FUNERAL DIRECTOR <i>Huntington Williams</i>	
ADDRESS <i>10840 York</i>			

MEDICAL CERTIFICATION

536
3 3264BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 53 3264

1. NAME OF DECEASED (Type or Print) Robert Saunders		2. DATE OF DEATH Mar. 31, 1953	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution, residence before admission) A. STATE Md B. COUNTY	
B. FULL NAME OF HOSPITAL OR INSTITUTION JOHNS HOPKINS HOSPITAL		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore 8-07	
c. Length of stay in Baltimore Yrs. Mos. Days		D. STREET ADDRESS (If rural, give location) 1725 Ellsworth St.	
5. SEX male	6. COLOR OR RACE Colored	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH 12-16-90
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Laborer		10B. KIND OF BUSINESS OR INDUSTRY Contractors	9. AGE (In years last birthday) 62
13. FATHER'S NAME Unknown		11. BIRTHPLACE (State or foreign country) Appomattox Va.	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) No		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
16. SOCIAL SECURITY NO. 212-16-3022		14. MOTHER'S MAIDEN NAME Ester Saunders	
18. 420.0		17. INFORMANT ADDRESS JOHNS HOPKINS HOSPITAL	
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthma, etc. It means the disease, injury or complication which caused death.)		CAUSE OF DEATH (A) Arteriosclerotic heart disease DUE TO (B) and Cerebral embolus DUE TO (C)	
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.		INTERVAL BETWEEN ONSET AND DEATH 5-6 years few minutes	
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.			
19A. DATE OF OPERATION ✓		19B. MAJOR FINDINGS OF OPERATION	
20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>			
21A. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)			
21D. TIME (Month) (Day) (Year) (Hour) INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
21F. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from 3-29, 1953 , to 3-31, 1953 , that I last saw the deceased alive on 3-31, 1953 , and that death occurred at 12:30 p.m. , from the causes and on the date stated above.			
23A. SIGNATURE Carol G. Johnson		23B. ADDRESS JOHNS HOPKINS HOSPITAL	
23C. DATE SIGNED 4/1/53			
24A. BURIAL, CREMATION, REMOVAL (Specify) Burial		24B. DATE 4-2-1953	
24C. NAME OF CEMETERY OR CREMATORY Mt. Calvary Cemetery		24D. LOCATION (City, town, or county) (State) Anne Arundel Co. Md.	
25. FUNERAL DIRECTOR Huntington Williams		ADDRESS Randolph J. Collick 1417 E. Preston St.	

97024

-255
53 3265

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 53 3265

BIRTH NO.		1. NAME OF DECEASED (Type or Print) GABRIELE REGIMENTI <i>Regiment, Gabriele</i>		2. DATE OF DEATH 2-31-53	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution, residence before admission) A. STATE Maryland. B. COUNTY			
5. FULL NAME OF HOSPITAL OR INSTITUTION Sinai Hospital		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore			
6. Month of stay in Baltimore		D. STREET ADDRESS (If rural, give location) 1765 E. North Ave #13			
7. SEX Male	8. COLOR OR RACE White	9. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Married	10. DATE OF BIRTH 7-30-1894	11. AGE (in years last birthday) 58	12. If Under 1 Year Months: Days 8 1
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Tailor		10B. KIND OF BUSINESS OR INDUSTRY Tailor Shop		13. BIRTHPLACE (State or foreign country) Italy.	
13. FATHER'S NAME Vincenzo Regimenti		14. MOTHER'S MAIDEN NAME Adelina Vellanucci			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) no		16. SOCIAL SECURITY 217-07-7911		17. INFORMANT ADDRESS Mary Regimenti 1765 E. North Ave	
18. I 600.0 DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) Pulmonary infarct - lgt Secondary hemorrhage.		CAUSE OF DEATH (A) Pulmonary infarct - lgt DUE TO Secondary hemorrhage. (B) Right hemine phrectomy DUE TO (C)		INTERVAL BETWEEN ONSET AND DEATH	
II DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. Hypertensive cardio-vascular dis.					
19A. DATE OF OPERATION 3/27/53		19B. MAJOR FINDINGS OF OPERATION Harshoe kidney - CHRONIC pyelonephritis		20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from March 19, 1953 , to Mar 31, 1953 that I last saw the deceased alive on Mar 31, 1953 and that death occurred at 12:45 a.m. , from the causes and on the date stated above.					
23A. SIGNATURE Antonio J. Livingston		23B. ADDRESS Sinai Hospital		23C. DATE SIGNED 3/31/53	
24A. BURIAL, CREMATION, REMOVAL (Specify) Burial		24B. DATE April 4 1953		24C. NAME OF CEMETERY OR CREMATORY Baltimore Cemetery	
24D. LOCATION (City, town, or county) E. North Ave & Rose St.		24E. FUNERAL DIRECTOR Frank Della Noe			
24F. DATE RECEIVED BY LOCAL REGISTRAR APR 2 - 1953		24G. REGISTRAR'S SIGNATURE Huntington Williams		24H. ADDRESS 322 E. High St.	

MEDICAL CERTIFICATION

OFFICE OF THE SECRETARY

SECRET

SECRET

SECRET

SECRET

SECRET

M-260

53

3266

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No. 53 3266

BIRTH NO. 49-15602

1. NAME OF DECEASED
(Type or Print)

ANTON McCray

2. DATE
OF
DEATH

3.31.53

3. PLACE OF DEATH:

A. Baltimore City, Maryland

Baltimore

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE

B. COUNTY

Maryland
Baltimore CoB. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR INSTITUTE

University Hospital

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Baltimore

c. Length of stay in Baltimore

3 1/2

Yrs.
Mos.
Days

D. STREET ADDRESS (If rural, give location)

111 Withmer Ct.

17-02

5. SEX

M

6. COLOR OR RACE

C

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)

Single

8. DATE OF BIRTH

6.29.50

9. AGE (In years last birthday)

3 yrs.

If Under 1 Year
Months: DaysIf Under 24 Hours
Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

10B. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country)

State

12. CITIZEN OF WHAT COUNTRY?

U.S.A.

13. FATHER'S NAME

McCray

14. MOTHER'S MAIDEN NAME

Urian

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)

no

16. SOCIAL SECURITY NO.

17. INFORMANT

ADDRESS

Mother, same Address.

18.

CAUSE OF DEATH

INTERVAL BETWEEN ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH

(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A)

DUE TO

Sub-arachnoid haemorrhage

Broncho-pneumonia

3 days

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B)

DUE TO

Hae-nophilia, Anaemia

(C)

Fatty degeneration heart

liver.

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☒ NO ☐21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

m.

WHILE AT
WORK ☐NOT WHILE
AT WORK ☐

22. I hereby certify that I attended the deceased from 3.30, 1953 to 3.31, 1953 that I last saw the deceased alive on 3.31, 1953 and that death occurred at 4:45 p.m., from the causes and on the date stated above.

23A. SIGNATURE

Dehewyan

M. O.

23B. ADDRESS

University Hospital

23C. DATE SIGNED

Baltimore MD 4.1.53

24A. BURIAL, CREMATION, REMOVAL (Specify)

Burial

24B. DATE

4-4-53

24C. NAME OF CEMETERY OR CREMATORY

Mt. Zion Cem

24D. LOCATION (City, town, or county)

Baltimore Co., Md.

(State)

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

Huntington Williams, M.D.

5781
A. Heasley Bldg.

CERTIFICATE OF DEATH

BALTIMORE CITY HEALTH DEPARTMENT

1. NAME OF DECEASED <i>John Doe</i>		2. SEX <i>Male</i>		3. AGE <i>45</i>	
4. DATE OF DEATH <i>Jan 15 1950</i>		5. TIME OF DEATH <i>10:30 AM</i>		6. PLACE OF DEATH <i>Home</i>	
7. CAUSE OF DEATH <i>Myocardial Infarction</i>		8. MANNER OF DEATH <i>Natural</i>		9. SIGNATURE OF PHYSICIAN <i>Dr. J. Smith</i>	
10. SIGNATURE OF REGISTRAR <i>John Doe</i>		11. SIGNATURE OF WITNESS <i>John Doe</i>		12. SIGNATURE OF WITNESS <i>John Doe</i>	
13. SIGNATURE OF WITNESS <i>John Doe</i>		14. SIGNATURE OF WITNESS <i>John Doe</i>		15. SIGNATURE OF WITNESS <i>John Doe</i>	
16. SIGNATURE OF WITNESS <i>John Doe</i>		17. SIGNATURE OF WITNESS <i>John Doe</i>		18. SIGNATURE OF WITNESS <i>John Doe</i>	
19. SIGNATURE OF WITNESS <i>John Doe</i>		20. SIGNATURE OF WITNESS <i>John Doe</i>		21. SIGNATURE OF WITNESS <i>John Doe</i>	
22. SIGNATURE OF WITNESS <i>John Doe</i>		23. SIGNATURE OF WITNESS <i>John Doe</i>		24. SIGNATURE OF WITNESS <i>John Doe</i>	
25. SIGNATURE OF WITNESS <i>John Doe</i>		26. SIGNATURE OF WITNESS <i>John Doe</i>		27. SIGNATURE OF WITNESS <i>John Doe</i>	
28. SIGNATURE OF WITNESS <i>John Doe</i>		29. SIGNATURE OF WITNESS <i>John Doe</i>		30. SIGNATURE OF WITNESS <i>John Doe</i>	
31. SIGNATURE OF WITNESS <i>John Doe</i>		32. SIGNATURE OF WITNESS <i>John Doe</i>		33. SIGNATURE OF WITNESS <i>John Doe</i>	
34. SIGNATURE OF WITNESS <i>John Doe</i>		35. SIGNATURE OF WITNESS <i>John Doe</i>		36. SIGNATURE OF WITNESS <i>John Doe</i>	
37. SIGNATURE OF WITNESS <i>John Doe</i>		38. SIGNATURE OF WITNESS <i>John Doe</i>		39. SIGNATURE OF WITNESS <i>John Doe</i>	
40. SIGNATURE OF WITNESS <i>John Doe</i>		41. SIGNATURE OF WITNESS <i>John Doe</i>		42. SIGNATURE OF WITNESS <i>John Doe</i>	
43. SIGNATURE OF WITNESS <i>John Doe</i>		44. SIGNATURE OF WITNESS <i>John Doe</i>		45. SIGNATURE OF WITNESS <i>John Doe</i>	
46. SIGNATURE OF WITNESS <i>John Doe</i>		47. SIGNATURE OF WITNESS <i>John Doe</i>		48. SIGNATURE OF WITNESS <i>John Doe</i>	
49. SIGNATURE OF WITNESS <i>John Doe</i>		50. SIGNATURE OF WITNESS <i>John Doe</i>		51. SIGNATURE OF WITNESS <i>John Doe</i>	
52. SIGNATURE OF WITNESS <i>John Doe</i>		53. SIGNATURE OF WITNESS <i>John Doe</i>		54. SIGNATURE OF WITNESS <i>John Doe</i>	
55. SIGNATURE OF WITNESS <i>John Doe</i>		56. SIGNATURE OF WITNESS <i>John Doe</i>		57. SIGNATURE OF WITNESS <i>John Doe</i>	
58. SIGNATURE OF WITNESS <i>John Doe</i>		59. SIGNATURE OF WITNESS <i>John Doe</i>		60. SIGNATURE OF WITNESS <i>John Doe</i>	
61. SIGNATURE OF WITNESS <i>John Doe</i>		62. SIGNATURE OF WITNESS <i>John Doe</i>		63. SIGNATURE OF WITNESS <i>John Doe</i>	
64. SIGNATURE OF WITNESS <i>John Doe</i>		65. SIGNATURE OF WITNESS <i>John Doe</i>		66. SIGNATURE OF WITNESS <i>John Doe</i>	
67. SIGNATURE OF WITNESS <i>John Doe</i>		68. SIGNATURE OF WITNESS <i>John Doe</i>		69. SIGNATURE OF WITNESS <i>John Doe</i>	
70. SIGNATURE OF WITNESS <i>John Doe</i>		71. SIGNATURE OF WITNESS <i>John Doe</i>		72. SIGNATURE OF WITNESS <i>John Doe</i>	
73. SIGNATURE OF WITNESS <i>John Doe</i>		74. SIGNATURE OF WITNESS <i>John Doe</i>		75. SIGNATURE OF WITNESS <i>John Doe</i>	
76. SIGNATURE OF WITNESS <i>John Doe</i>		77. SIGNATURE OF WITNESS <i>John Doe</i>		78. SIGNATURE OF WITNESS <i>John Doe</i>	
79. SIGNATURE OF WITNESS <i>John Doe</i>		80. SIGNATURE OF WITNESS <i>John Doe</i>		81. SIGNATURE OF WITNESS <i>John Doe</i>	
82. SIGNATURE OF WITNESS <i>John Doe</i>		83. SIGNATURE OF WITNESS <i>John Doe</i>		84. SIGNATURE OF WITNESS <i>John Doe</i>	
85. SIGNATURE OF WITNESS <i>John Doe</i>		86. SIGNATURE OF WITNESS <i>John Doe</i>		87. SIGNATURE OF WITNESS <i>John Doe</i>	
88. SIGNATURE OF WITNESS <i>John Doe</i>		89. SIGNATURE OF WITNESS <i>John Doe</i>		90. SIGNATURE OF WITNESS <i>John Doe</i>	
91. SIGNATURE OF WITNESS <i>John Doe</i>		92. SIGNATURE OF WITNESS <i>John Doe</i>		93. SIGNATURE OF WITNESS <i>John Doe</i>	
94. SIGNATURE OF WITNESS <i>John Doe</i>		95. SIGNATURE OF WITNESS <i>John Doe</i>		96. SIGNATURE OF WITNESS <i>John Doe</i>	
97. SIGNATURE OF WITNESS <i>John Doe</i>		98. SIGNATURE OF WITNESS <i>John Doe</i>		99. SIGNATURE OF WITNESS <i>John Doe</i>	
100. SIGNATURE OF WITNESS <i>John Doe</i>		101. SIGNATURE OF WITNESS <i>John Doe</i>		102. SIGNATURE OF WITNESS <i>John Doe</i>	

**BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH**

53 3267
Registered No.

BIRTH NO.

1. NAME OF DECEASED (Type or Print) BEULAH ROBINSON		2. DATE OF DEATH March 30, 1953	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Maryland B. COUNTY	
B. FULL NAME OF (If not in hospital or institution, give street address or location) University Hospital		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore	
c. Length of stay in Baltimore Yrs. _____ Mos. _____ Days _____		D. STREET ADDRESS (If rural, give location) 502 N. Pearl Street	
5. SEX Female	6. COLOR OR RACE Colored	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Single	8. DATE OF BIRTH May 28, 1911
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Domestic		10B. KIND OF BUSINESS OR INDUSTRY	9. AGE (In years last birthday) 41 If Under 1 Year: Months: _____ Days: _____ If Under 24 Hours: Hours: _____ Min: _____
13. FATHER'S NAME Isaac Robinson		11. BIRTHPLACE (State or foreign country) Maryland	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)		12. CITIZEN OF WHAT COUNTRY? U. S. A	
16. SOCIAL SECURITY NO.		14. MOTHER'S MAIDEN NAME Ellen Ray	
17. INFORMANT ADDRESS Mr. John Robinson 431 Moore St			

18. **443X**

CAUSE OF DEATH

INTERVAL BETWEEN ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) **Hypertensive cardiovascular disease**

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B)

DUE TO

(C)

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒

21A. EXTERNAL CAUSE WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH.

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED WHILE AT ☐ WORK NOT WHILE AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I certify that I took charge of the remains described above, held an Inspection & Inquiry thereon and from Autopsy, Inspection or Inquiry the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐.

23A. SIGNATURE

23B. CHIEF MEDICAL EXAMINER ☐ ASSISTANT MEDICAL EXAMINER ☒ M.D. MEDICAL INVESTIGATOR ☐

23C. DATE SIGNED

March 30, 1953

24A. BURIAL, CREMATION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county)

(State)

Burial

4-3-53

Mt. Auburn Cem

Baltimore,

Md.

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

APR 2 - 1953

Huntington Williams, M.D.

Mrs. Frances T. Kemsley Biadef

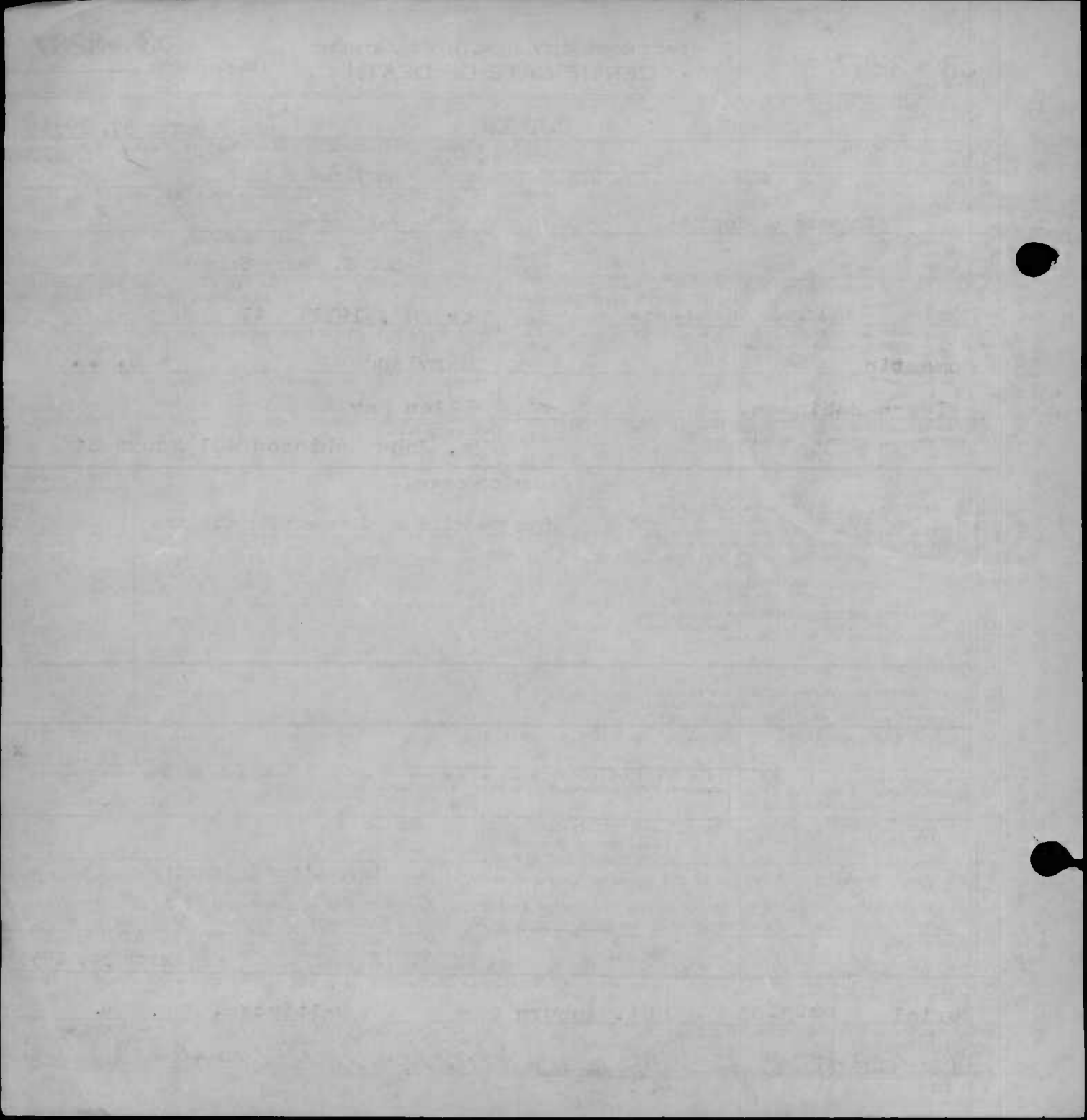
V S 151

720 SA

5780

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be fully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.



4 415
53 3268

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered 53 3268

1. NAME OF DECEASED (Type or Print) James M. Flavin			2. DATE OF DEATH March 31/53		
3. PLACE OF DEATH: A. Baltimore City, Maryland			4. USUAL RESIDENCE (Where deceased lived, if institution: residence before admission) A. STATE Md. B. COUNTY		
B. FULL NAME OF HOSPITAL OR INSTITUTION 3306 Brighton St			C. CITY OR TOWN (If outside corporate limits write RURAL and give township) Baltimore		
D. STREET ADDRESS (If rural, give location) 3306 Brighton St			E. M. of stay in Baltimore Yrs. Mos. Days		
5. SEX Male	6. COLOR OR RACE W.	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Widowed	8. DATE OF BIRTH July 29/82	9. AGE (In years, last birthday) 70	10. Under 1 Year Months: Days 11. Under 24 Hours Hours: Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Cabinet Maker			10B. KIND OF BUSINESS OR INDUSTRY University of Md.		
11. BIRTHPLACE (State or foreign country) N. Y.			12. CITIZEN OF WHAT COUNTRY?		
13. FATHER'S NAME -----Flavin			14. MOTHER'S MAIDEN NAME Unknown		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)			16. SOCIAL SECURITY NO.		
17. INFORMANT Wm. Flavin, (Nephew)			ADDRESS N.Y. Syracuse		
18. 422.1 DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) Cardio Vascular Disease DUE TO INTERVAL BETWEEN ONSET AND DEATH 3 yrs					
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.					
19A. DATE OF OPERATION 0		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from Jan 60 , to March 31, 1953 that I last saw the deceased alive on March 16, 1953 , and that death occurred at 4 PM m., from the causes and on the date stated above.					
23A. SIGNATURE W. P. Johnson		23B. ADDRESS 403 Mel Art Bg		23C. DATE SIGNED 4.2.53	
24A. BURIAL, CREMATION, REMOVAL (Specify) Burial		24B. DATE April 3/53		24C. NAME OF CEMETERY OR CREMATORY London Pk.	
24D. LOCATION (City, town, or county) (State) Baltimore, Ind.					
DATE RECEIVED BY LOCAL REGISTRAR APR 2 - 1953		REGISTRAR'S SIGNATURE Huntington Williams, M.D.		25. FUNERAL DIRECTOR Harry H. Witzke	
VS 150		ADDRESS 4101 Edmonds St		5058 V Ave.	

MEDICAL CERTIFICATION

3228

25

CERTIFICATE OF DEATH

1918

DECEASED

DATE OF DEATH

PLACE OF DEATH

TIME OF DEATH

CAUSE OF DEATH

100-111-111

100-111-111

100-111-111

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100-111-111

620
3 3269

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 53 3269

BIRTH NO.			
1. NAME OF DECEASED (Type or Print)		2. DATE OF DEATH	
rida Minerva Carrick		4-2-53	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived, If institution; residence before admission) A. STATE	
Baltimore City		Md.	
B. FULL NAME OF HOSPITAL OR INSTITUTION		C. CITY OR TOWN	
5116 Gwynn Oak Ave.		Baltimore	
c. Length of stay in Baltimore		D. STREET ADDRESS (If rural, give location)	
Life		5116 Gwynn Oak Ave.	
5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH
Female	White	Single	Aug. 30, 1872
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		11. BIRTHPLACE (State or foreign country)	
At Home		Baltimore Md.	
13. FATHER'S NAME		14. MOTHER'S MAIDEN NAME	
William Isaac Carrick		Virginia Royston	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)		16. SOCIAL SECURITY NO.	
No		None	
17. INFORMANT		ADDRESS	
A. Louise Carrick			
18. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)		CAUSE OF DEATH	
420.1		5116 Gwynn Oak Ave.	
DUE TO		Coronary Occlusion	
DUE TO		cardio-vascular renal disease	
DUE TO			
INTERVAL BETWEEN ONSET AND DEATH		30 min.	
DUE TO		20 yrs?	
DUE TO			
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.			
19A. DATE OF OPERATION		19B. MAJOR FINDINGS OF OPERATION	
none			
20. AUTOPSY?			
YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)			
21D. TIME (Month) (Day) (Year) (Hour)		21E. INJURY OCCURRED	
21F. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from Jan 13, 1953, to April 2, 1953, that I last saw the deceased alive on April 2, 1953, and that death occurred at 8:40 A.M., from the causes and on the date stated above.			
23A. SIGNATURE		23B. ADDRESS	
H. V. Harper		5201 Gwynn Oak	
M. D.		Baltimore 7, Md.	
23C. DATE SIGNED			
4/2/53			
24A. BURIAL, CREMATION, REMOVAL (Specify)		24B. DATE	
Burial		4-6-53	
24C. NAME OF CEMETERY OR CREMATORY		24D. LOCATION (City, town, or county) (State)	
Druid Ridge Cemetery		Pikesville Md.	
DATE RECEIVED BY LOCAL REGISTRAR		25. FUNERAL DIRECTOR	
APR 2 - 1953		E. J. O'Connell	
REGISTRAR'S SIGNATURE		ADDRESS	
Huntington Williams, M.D.		4600 Liberty Heights Ave.	

MEDICAL CERTIFICATION

CERTIFICATE OF DEATH

NAME: [illegible]

DATE OF BIRTH: [illegible]

PLACE OF BIRTH: [illegible]

DATE OF DEATH: [illegible]

PLACE OF DEATH: [illegible]

TIME OF DEATH: [illegible]

CAUSE OF DEATH: [illegible]

SEX: [illegible]

AGE: [illegible]

EDUCATION: [illegible]

DATE OF BURIAL: [illegible]

PLACE OF BURIAL: [illegible]

DATE OF INTERMENT: [illegible]

PLACE OF INTERMENT: [illegible]

DATE OF CREMATION: [illegible]

PLACE OF CREMATION: [illegible]

DATE OF EXHUMATION: [illegible]

REMARKS: [illegible]

SIGNATURE OF REGISTRAR: [illegible]

DATE OF SIGNATURE: [illegible]

PLACE OF SIGNATURE: [illegible]

DATE OF SIGNATURE: [illegible]

PLACE OF SIGNATURE: [illegible]

DATE OF SIGNATURE: [illegible]

DATE OF SIGNATURE: [illegible]

DATE OF SIGNATURE: [illegible]

C-636
53 3270BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 53 3270

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

ANNIE W. CARTER

2. DATE
OF DEATH Mar. 31, 1953

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence
A. STATE B. COUNTY before admission)

Md.

B. FULL NAME OF (If not in hospital or institution, give street address or
HOSPITAL OR location)
INSTITUTION

911 Belgian Ave.

C. CITY OR TOWN (If outside corporate limits, write RURAL and give
Baltimore township) 27-10

C. Length of stay in Baltimore

Yrs.
Mos.
Days

D. STREET ADDRESS (If rural, give location)

911 Belgian Ave.

5. SEX

F

6. COLOR OR RACE

W

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)
Widowed

8. DATE OF BIRTH

Sept. 11, 1868

9. AGE (In years
last birthday) 85If Under 1 Year
Months Days
If Under 24 Hours
Hours Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)
Home10B. KIND OF BUSINESS OR
INDUSTRY -

11. BIRTHPLACE (State or foreign country)

Baltimore, Md.

12. CITIZEN OF
WHAT COUNTRY?
USA

13. FATHER'S NAME

Robert M. Eccleston

14. MOTHER'S MAIDEN NAME

Mary Burke

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)
No16. SOCIAL
SECURITY NO.
None

17. INFORMANT

ADDRESS

Mr. Carl W. Waters 966 North Hill Rd.

18. 442X I

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)(A) Hypertension Cardiac -
DUE TO Vascular Renal disease 5 Yrs.

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.(B)
DUE TO
(C)II
OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., In or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID (If in Baltimore City, give exact location)
INJURY OCCUR?21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

WHILE AT ☐ NOT WHILE ☐
WORK AT WORK

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Sept. 28, 1950, to Mar. 31, 1953, that I last saw the
deceased alive on Mar. 31, 1953, and that death occurred at 5:45 P. M., from the causes and on the date stated above.

23A. SIGNATURE

Lloyd E. Saylor

M. D.

23B. ADDRESS

3902 Greenmount Ave. April 2, 1953

23C. DATE SIGNED

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

Burial

24B. DATE

4/3/53

24C. NAME OF CEMETERY OR CREMATORY

Loudon Park Cemetery

24D. LOCATION (City, town, or county)

Baltimore, Md.

(State)

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

APR 2 1953

Huntington Williams, M.D. Wm. J. Tickner, Inc. Belts and

UNITED STATES DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

OFFICE OF THE DIRECTOR

**BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH**

Registered No. 3271

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

CHARLES M. WEIDNER

2. DATE
OF
DEATH

Mar. 31, 1953

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE **Md.** B. COUNTY

B. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR INSTITUTION

118 N. Kossuth St.

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)
Baltimore **20-07**

D. STREET ADDRESS (If rural, give location)
118 N. Kossuth St.

C. Length of stay in Baltimore

5. SEX

M

6. COLOR OR RACE

W

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)
Married

8. DATE OF BIRTH

Jan. 2, 1879

9. AGE (In years last birthday)

74

If Under 1 Year Months Days If Under 24 Hours Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)
Retired Carpenter

10B. KIND OF BUSINESS OR INDUSTRY
Building Trade

11. BIRTHPLACE (State or foreign country)
Baltimore, Md.

12. CITIZEN OF WHAT COUNTRY?
USA

13. FATHER'S NAME

Geo. Frederick Weidner

14. MOTHER'S MAIDEN NAME

Mary Elizabeth Newton

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)
No

16. SOCIAL SECURITY NO.
?

17. INFORMANT

ADDRESS

Mrs. Lillian A. Weidner

Above

18. **422.1**

CAUSE OF DEATH

INTERVAL BETWEEN ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e.g., heart failure, asthma, etc. It means the disease, injury or complication which caused death.)

(A) DUE TO

Coronary - vascular disease

1 1/2 hrs

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B) DUE TO
(C)

**Arteriosclerosis
Coronary vascular disease**

10 yrs +

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐

21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH

21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from **3/17, 1953**, to **3/27, 1953**, that I last saw the deceased alive on **Mar 27, 1953** and that death occurred at **6 P.M.**, from the causes and on the date stated above.

23A. SIGNATURE

23B. ADDRESS

23C. DATE SIGNED

24A. BURIAL, CREMATION, REMOVAL (Specify)
Burial

24B. DATE

4/3/53

24C. NAME OF CEMETERY OR CREMATORY

Lorraine Cemetery

24D. LOCATION (City, town, or county) (State)

Woodlawn, Md.

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

APR 2 - 1953

Wilmington, Delaware

Wm. J. Jackson, 1000 E. Baltimore Md.

STATE OF TEXAS
COUNTY OF DALLAS

CAUSE OF DEATH

DATE OF DEATH

PLACE OF DEATH

AGE

SEX

EDUCATION

OCCUPATION

RELIGION

DATE OF BIRTH

PLACE OF BIRTH

DATE OF ARRIVAL

**BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH**

53 3272
Registered No. _____

5-630
53 3272

BIRTH NO. _____

1. NAME OF DECEASED (Type or Print) ALEXANDER F. SHORT			2. DATE OF DEATH Mar. 31, 1953		
3. PLACE OF DEATH: A. Baltimore City, Maryland			4. USUAL RESIDENCE (Where deceased lived, if institution: residence before admission) A. STATE Md. B. COUNTY _____		
B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) 3420 Gwynn Falls Pkwy.			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore 15-38		
D. STREET ADDRESS (If rural, give location) 3420 Gwynn Falls Pkwy.			E. LENGTH OF STAY IN BALTIMORE Yrs. _____ Mos. _____ Days _____		
5. SEX M	6. COLOR OR RACE W	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH Oct. 12, 1875		9. AGE (In years last birthday) 77
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired Asst. Buyer		10B. KIND OF BUSINESS OR INDUSTRY Department Store	11. BIRTHPLACE (State or foreign country) Baltimore, Md.		12. CITIZEN OF WHAT COUNTRY? USA
13. FATHER'S NAME William Short			14. MOTHER'S MAIDEN NAME 'Unknown' Romoser		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) No		16. SOCIAL SECURITY NO. ?	17. INFORMANT ADDRESS Mrs. Elsie M. Short Above		

18. 420.1 DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) (A) coronary thrombosis DUE TO _____		INTERVAL BETWEEN ONSET AND DEATH 5 days
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. (B) cardio vascular disease DUE TO _____		?
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		

19A. DATE OF OPERATION 0		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH <input type="checkbox"/>	21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)		
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY	21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21F. HOW DID INJURY OCCUR?		

22. I hereby certify that I attended the deceased from **Mar. 15, 1953** to **Mar. 31, 1953** that I last saw the deceased alive on **Mar. 30, 1953** and that death occurred at **3:30 P.M.** from the causes and on the date stated above.

23A. SIGNATURE <i>Walter J. Tickner</i>	M. D. 2220 Garrison Blvd.	23C. DATE SIGNED Apr. 1, 1953
--	----------------------------------	---

24A. BURIAL, CREMATION, REMOVAL (Specify) Burial	24B. DATE 4/3/53	24C. NAME OF CEMETERY OR CREMATORY Woodlawn Cemetery	24D. LOCATION (City, town, or county) (State) Woodlawn, Md.
--	----------------------------	--	---

DATE RECEIVED BY LOCAL REGISTRAR	REGISTRAR'S SIGNATURE <i>Huntington Williams, Jr.</i>	25. FUNERAL DIRECTOR <i>Wm. J. Tickner & Sons, Inc. Balto. Md.</i>	ADDRESS
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**BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH**

53 3273
Registered No.

BIRTH NO.

1. NAME OF DECEASED (Type or Print) <i>Susie McCullough</i>		2. DATE OF DEATH <i>March 31, 1953</i>	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE <i>Md.</i> B. COUNTY <i>18-01</i>	
B. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION <i>927 W Mulberry St.</i>		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <i>Baltimore</i>	
D. STREET ADDRESS (If rural, give location) <i>927 W. Mulberry St.</i>		E. LENGTH OF STAY IN BALTIMORE Yrs. <i>0</i> Mos. <i>0</i> Days <i>0</i>	
5. SEX <i>Female</i>	6. COLOR OR RACE <i>Col.</i>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <i>Divorced</i>	
8. DATE OF BIRTH <i>Dec. 25, 1885</i>		9. AGE (In years last birthday) <i>67</i> If Under 1 Year Months: Days: If Under 24 Hours Hours: Min.	
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>Domestic</i>		10B. KIND OF BUSINESS OR INDUSTRY	
11. BIRTHPLACE (State or foreign country) <i>Chesoter S.C.</i>		12. CITIZEN OF WHAT COUNTRY? <i>U.S.A.</i>	
13. FATHER'S NAME <i>William Calvin</i>		14. MOTHER'S MAIDEN NAME <i>Nancy Smith</i>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) <i>No</i>		16. SOCIAL SECURITY NO.	
17. INFORMANT <i>Mary Woathers</i>		ADDRESS <i>927 W. Mulberry St.</i>	

MEDICAL CERTIFICATION	18. <i>420.1 I</i> DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)		CAUSE OF DEATH	INTERNAL BETWEEN ONSET AND DEATH
	ANTECEDENT CAUSES		(A) <i>Coronary occlusion</i>	<i>1 day</i>
	DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.		DUE TO <i>Hypertensive Cardio-vascular remodeling</i>	<i>unknown</i>
			(B) <i>Arteriosclerosis</i>	<i>unknown</i>
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.				

19A. DATE OF OPERATION <i>0</i>		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>
21A. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING CAUSE OF DEATH <input type="checkbox"/>		21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?
22. I hereby certify that I attended the deceased from <i>May 1952</i> to <i>Mar 31, 1953</i> that I last saw the deceased alive on <i>Mar 28, 1953</i> and that death occurred at <i>11 a.m.</i> from the causes and on the date stated above.				
23A. SIGNATURE <i>H. Marland Christ</i>		23B. ADDRESS <i>1038 Edmonson</i>		23C. DATE SIGNED <i>4-2-53</i>
24A. BURIAL, CREMATION, REMOVAL (Specify) <i>Burial</i>	24B. DATE <i>4/3/1953</i>	24C. NAME OF CEMETERY OR CREMATORY <i>W. Carey Am. Cem. Hall</i>	24D. LOCATION (City, town, or county) (State) <i>Baltimore Md.</i>	
DATE RECEIVED BY LOCAL REGISTRAR <i>APR 2 - 1953</i>		REGISTRAR'S SIGNATURE <i>H. Marland Christ</i>		FUNERAL DIRECTOR <i>Mr. John A. Williams</i> ADDRESS <i>329 N. ...</i>

RAVING AND HONORARY DEATH
CERTIFICATE OF DEATH

1. Name of Deceased		2. Date of Death	
3. Place of Death		4. Cause of Death	
5. Age at Death		6. Sex	
7. Marital Status		8. Occupation	
9. Education		10. Religion	
11. Date of Birth		12. Date of Death	
13. Place of Birth		14. Place of Death	
15. Date of Death		16. Date of Death	
17. Date of Death		18. Date of Death	
19. Date of Death		20. Date of Death	
21. Date of Death		22. Date of Death	
23. Date of Death		24. Date of Death	
25. Date of Death		26. Date of Death	
27. Date of Death		28. Date of Death	
29. Date of Death		30. Date of Death	
31. Date of Death		32. Date of Death	
33. Date of Death		34. Date of Death	
35. Date of Death		36. Date of Death	
37. Date of Death		38. Date of Death	
39. Date of Death		40. Date of Death	
41. Date of Death		42. Date of Death	
43. Date of Death		44. Date of Death	
45. Date of Death		46. Date of Death	
47. Date of Death		48. Date of Death	
49. Date of Death		50. Date of Death	
51. Date of Death		52. Date of Death	
53. Date of Death		54. Date of Death	
55. Date of Death		56. Date of Death	
57. Date of Death		58. Date of Death	
59. Date of Death		60. Date of Death	
61. Date of Death		62. Date of Death	
63. Date of Death		64. Date of Death	
65. Date of Death		66. Date of Death	
67. Date of Death		68. Date of Death	
69. Date of Death		70. Date of Death	
71. Date of Death		72. Date of Death	
73. Date of Death		74. Date of Death	
75. Date of Death		76. Date of Death	
77. Date of Death		78. Date of Death	
79. Date of Death		80. Date of Death	
81. Date of Death		82. Date of Death	
83. Date of Death		84. Date of Death	
85. Date of Death		86. Date of Death	
87. Date of Death		88. Date of Death	
89. Date of Death		90. Date of Death	
91. Date of Death		92. Date of Death	
93. Date of Death		94. Date of Death	
95. Date of Death		96. Date of Death	
97. Date of Death		98. Date of Death	
99. Date of Death		100. Date of Death	

G-100

53 3274

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 53 3274

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF
HOSPITAL OR
INSTITUTION

JOHNS HOPKINS HOSPITAL

C. Length of stay in Baltimore

5. SEX

male

6. COLOR OR RACE

white

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

single

10A. USUAL OCCUPATION (Give kind of
work, none during most of working life, even if retired)

Student

10B. KIND OF BUSINESS OR
INDUSTRY

Pub school

13. FATHER'S NAME

Switzer T. Goff

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)

no

6. SOCIAL
SECURITY NO.

none

JAMES GOFF

2. DATE
OF
DEATH

April 1-1953

4. USUAL RESIDENCE (Where deceased lived. If institution; residence
before admission)

A. STATE W. Va.

B. COUNTY

C. CITY OR TOWN (If outside corporate limits, write RURAL and give
township)

D. STREET ADDRESS (If rural, give location)

1517 Third Ave

8. DATE OF BIRTH

4-21-36

9. AGE (In years
last birthday)

16

11 Under 1 Year
Months: Days12 Under 24 Hours
Hours: Min.

11. BIRTHPLACE (State or foreign country)

W. Va

12. CITIZEN OF
WHAT COUNTRY?

14. MOTHER'S MAIDEN NAME

Dorothy Law

17. INFORMANT

ADDRESS

JOHNS HOPKINS HOSPITAL

CAUSE OF DEATH

18. 754.0

DISEASE OR CONDITION DIRECTLY
LEADING TO DEATH(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A)

DUE TO

Congenital Heart Disease,
Tetralogy of Fallot

ANTECEDENT CAUSES

(B)

DUE TO

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(C)

INTERVAL BETWEEN
ONSET AND DEATH

II

OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONITION CAUSING IT.

19A. DATE OF OPERATION

4-1-53

19B. MAJOR FINDINGS OF OPERATION

Tetralogy of Fallot

20. AUTOPSY?

YES ☒ NO ☐21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR? (If in Baltimore City, give exact location)21D. TIME (Month) (Day) (Year) (Hour)
INJURY

21E. INJURY OCCURRED

WHILE AT
WORK ☐NOT WHILE
AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 3-23-53, 1953, to 4-1-53, 1953, that I last saw the
deceased alive on 4-1-53, 1953, and that death occurred at 1:30 m., from the causes and on the date stated above.

23A. SIGNATURE

James V. Maloney Jr.

23B. ADDRESS

JOHNS HOPKINS HOSPITAL

23C. DATE SIGNED

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

burial

24B. DATE

4/4/53

24C. NAME OF CEMETERY OR CREMATORY

Woodmere Cemetery

24D. LOCATION (City, town, or county)

Huntington, W. Va.

(State)

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

Huntington Williams, M.D.

25. FUNERAL DIRECTOR

HENRY SANDER & SONS, INC.

ADDRESS

BALTO., 13, MD.

Roy F. Smith

APR 2-1953

MEDICAL CERTIFICATION

STATE OF TEXAS

COUNTY OF DALLAS

IN THE DISTRICT COURT OF THE

STATE OF TEXAS, IN AND FOR

SAYED COUNTY, TEXAS

VS.

THE STATE OF TEXAS

VS.

THE STATE OF TEXAS

VS.

THE STATE OF TEXAS

VS.

THE STATE OF TEXAS

VS.

THE STATE OF TEXAS

VS.

THE STATE OF TEXAS

VS.

THE STATE OF TEXAS

VS.

THE STATE OF TEXAS

VS.

THE STATE OF TEXAS

VS.

THE STATE OF TEXAS

VS.

THE STATE OF TEXAS

VS.

THE STATE OF TEXAS

VS.

THE STATE OF TEXAS

VS.

THE STATE OF TEXAS

VS.

THE STATE OF TEXAS

VS.

THE STATE OF TEXAS

VS.

THE STATE OF TEXAS

VS.

THE STATE OF TEXAS

VS.

THE STATE OF TEXAS

VS.

THE STATE OF TEXAS

VS.

THE STATE OF TEXAS

VS.

THE STATE OF TEXAS

S-530
53 3275BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 53 3275

BIRTH NO.

1. NAME OF DECEASED (Type or Print) LYDIA SMITH			2. DATE OF DEATH Apr. 2, 1953		
3. PLACE OF DEATH: A. Baltimore City, Maryland			4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Md. B. COUNTY		
B. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION 4912 E. Federal Street			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore 2603		
C. Length of stay in Baltimore 1 yr 2 Mo.			D. STREET ADDRESS (If rural, give location) 4912 E. Federal Street		
5. SEX F	6. COLOR OR RACE W	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) widow	8. DATE OF BIRTH Apr. 8, 1873	9. AGE (In years last birthday) 79	If Under 1 Year Months: Days If Under 24 Hours Hours: Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10B. KIND OF BUSINESS OR INDUSTRY at home	11. BIRTHPLACE (State or foreign country) Hazeltown, Penna.		12. CITIZEN OF WHAT COUNTRY? USA
13. FATHER'S NAME Enoch Thomas			14. MOTHER'S MAIDEN NAME Mary ?		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) no		16. SOCIAL SECURITY NO. none	17. INFORMANT 4912 E. Federal Street Mrs. Tydus Griffith ADDRESS		
18. 420.1 I DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) Coronary Thrombosis DUE TO Hypertensive, Arteriosclerotic Cardio-Vascular disease ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.			INTERVAL BETWEEN ONSET AND DEATH		
19A. DATE OF OPERATION 0		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
21A. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT <input type="checkbox"/> WORK NOT WHILE <input type="checkbox"/> AT WORK		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from Sept 1952 to April 2, 1953 , that I last saw the deceased alive on April 2, 1953 , and that death occurred at 7:40 A.M. , from the causes and on the date stated above.					
23A. SIGNATURE H. B. Thomas		23B. ADDRESS 3400 E. Federal Ave.		23C. DATE SIGNED 4/2/53	
24A. BURIAL, CREMATION, REMOVAL (Specify) burial		24B. DATE 4/4 /53		24C. NAME OF CEMETERY OR CREMATORY Union Cemetery	
24D. LOCATION (City, town, or county) (State) Peckville, Penna.		25. FUNERAL DIRECTOR HENRY SANDER & SONS, INC BALTO., 13, MD.			
DATE RECEIVED BY LOCAL REGISTRAR		REGISTRAR'S SIGNATURE Huntington Williams, M.D.		ADDRESS Seaf 7. Smith	

MEDICAL CERTIFICATION

VS 150
APR 2-1953

**BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH**

X
53 3276
Registered No. _____

BIRTH NO. _____

1. NAME OF DECEASED (Type or Print) ANDREW ZELLER			2. DATE OF DEATH APR. 1, 1953		
3. PLACE OF DEATH: A. Baltimore City, Maryland			4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE MARYLAND B. COUNTY BALTIMORE CITY		
B. FULL NAME OF (If not in hospital or institution, give street address or location) UNION MEMORIAL HOSP.			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) BALTIMORE		
C. Length of stay in Baltimore 53 Yrs. Mos. Days			D. STREET ADDRESS (If rural, give location) 416 DUNKIRK ROAD		
5. SEX M	6. COLOR OR RACE W	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH MAR 29, 1901		9. AGE (In years last birthday) 52
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) BOOK KEEPER - Lumber Co.			11. BIRTHPLACE (State or foreign country) MARYLAND		12. CITIZEN OF WHAT COUNTRY? _____
13. FATHER'S NAME JOHN ZELLER			14. MOTHER'S MAIDEN NAME SOPHIA BELTZ		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.	17. INFORMANT ADDRESS MILDRED ZELLER SAME		

18. 443X DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.	CAUSE OF DEATH (A) UREMIA DUE TO (B) HYPERTENSIVE CARDIOVASCULAR DISEASE DUE TO (C) _____	INTERVAL BETWEEN ONSET AND DEATH 1 Mo. 1 1/2 Yr.
---	--	--

19A. DATE OF OPERATION		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)	21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)		
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY	21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21F. HOW DID INJURY OCCUR?		

22. I hereby certify that I attended the deceased from **MAR 30**, 19**53** to **APR 1**, 19**53** that I last saw the deceased alive on **APR. 1**, 19**53**, and that death occurred at **7⁴⁰** p. m., from the causes and on the date stated above.

23A. SIGNATURE E. Erle Trunnell Jr. M. D.		23B. ADDRESS UNION MEMORIAL HOSP.	23C. DATE SIGNED APR. 1, 1953
24A. BURIAL, CREMATION, REMOVAL (Specify) Burial	24B. DATE 4-4-53	24C. NAME OF CEMETERY OR CREMATORY Moreland Park	24D. LOCATION (City, town, or county) (State) BALTO MD.
DATE RECEIVED BY LOCAL REGISTRAR PR 2- 1953	REGISTRAR'S SIGNATURE Huntington Williams, M.D.	25. FUNERAL DIRECTOR L. J. Ruck	ADDRESS 5305 Harford

CENTRAL OFFICE OF RECORDS

RECORDS SECTION

RECORDS SECTION

RECORDS SECTION

RECORDS SECTION

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RECORDS SECTION

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No. 53 3277

BIRTH NO. 3 3277

1. NAME OF DECEASED
(Type or Print)

BABY BOY McMillan

2. DATE
OF
DEATH

4-2-53

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE

B. COUNTY

MARYLAND

B. FULL NAME OF
HOSPITAL OR
INSTITUTION

LUTHERAN HOSPITAL OF MARYLAND

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

BALTIMORE

D. STREET ADDRESS (If rural, give location)

3701 W. SARATOGA ST

C. Length of stay in Baltimore

10 Days

5. SEX

M

6. COLOR OR RACE

W

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

S

8. DATE OF BIRTH

3-23-53

9. AGE (In years
last birthday)If Under 1 Year
Months Days Hours Min.

10

10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

INFANT

10B. KIND OF BUSINESS OR
INDUSTRY

11. BIRTHPLACE (State or foreign country)

Md.

12. CITIZEN OF
WHAT COUNTRY?

U.S.

13. FATHER'S NAME

Edward Joseph McMillan

14. MOTHER'S MAIDEN NAME

Audrey Elizabeth Tarun

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)16. SOCIAL
SECURITY NO.

17. INFORMANT

ADDRESS

Mother

Same.

18. 760.0

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHI
DISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A) Intracranial hemorrhage

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B) Unknown

DUE TO

II

OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

(C)

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒21A. ACCIDENT, SUICIDE,
HOMICIDE (Specify)21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR? (If in Baltimore City, give exact location)21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 3/23/53, 19, to 4-2, 1953, that I last saw the
deceased alive on 4-2, 1953, and that death occurred at 8 A. m., from the causes and on the date stated above.

23A. SIGNATURE

James L. Gray

M. D.

23B. ADDRESS

Raynor Ave.

23C. DATE SIGNED

4-2-53

24A. BURIAL, CREMA-
TION REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county) (State)

Burial

4-2-53

Cathedral Cem.

Belts

Md.

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

APR 2 - 1953

Huntington Williams

George S. Farley Catonsville, Md.

UNITED STATES OF AMERICA
DISTRICT OF COLUMBIA

1900

1-1-1

1-1-1

600
53 3278
BIRTH NO.BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH53 3278
Registered No.

1. NAME OF DECEASED (Type or Print) KATIE PURBY - PURRY		2. DATE OF DEATH March 30, 1953	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Maryland B. COUNTY	
5. FULL NAME OF HOSPITAL OR INSTITUTION SOUTH BALTIMORE GEN. HOSPITAL		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore	
6. LENGTH OF STAY IN BALTIMORE 3		D. STREET ADDRESS (If rural, give location) 102 W. York Street	
5. SEX FEMALE	6. COLOR OR RACE COLORED	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) SINGLE	8. DATE OF BIRTH March 15, 1912
9. AGE (in years last birthday) 41		10. Under 1 Year: Months: Days	
11. Under 24 Hours: Hours: Min.		12. CITIZEN OF WHAT COUNTRY?	
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10B. KIND OF BUSINESS OR INDUSTRY	
13. FATHER'S NAME Steven Purby		14. MOTHER'S MARDEN NAME Belle Height	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)		16. SOCIAL SECURITY NO.	
17. INFORMANT Doc Fletcher		ADDRESS 102 W. York Street	
18. 410X DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) CONGESTIVE HEART FAILURE to RHEUMATIC MITRAL VALVULITIS		INTERVAL BETWEEN ONSET AND DEATH	
19. ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.			
19A. DATE OF OPERATION NONE		19B. MAJOR FINDINGS OF OPERATION	
20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>			
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)		21D. TIME (Month) (Day) (Year) (Hour) OF INJURY	
21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from MARCH 28 , 1953, to MARCH 30 , 1953, that I last saw the deceased alive on MARCH 30 , 1953, and that death occurred at 7:40 A. m. , from the causes and on the date stated above.			
23A. SIGNATURE W. W. Bowman		23B. ADDRESS Smith Baltimore Genl Hosp.	
23C. DATE SIGNED			
24A. BURIAL, CREMATION, REMOVAL (Specify) Burial		24B. DATE 4/3/53	
24C. NAME OF CEMETERY OR CREMATORY Mt Calvary Ct.		24D. LOCATION (City, town, or county) (State) A. A. Co., Md.	
DATE RECEIVED BY LOCAL REGISTRAR APR 2 - 1953		REGISTRAR'S SIGNATURE Huntington Williams, M.D.	
FUNERAL DIRECTOR Isaiah L. Brown & Son		ADDRESS 108 W. Montgomery St.	

UNIT 1

RECEIVED

1957

UNIT 1

100

**BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH**

Registered No. **53 3279**

BIRTH NO. **53 3279**

1. NAME OF DECEASED
(Type or Print)

NANCY EDITH FAHLKE

2. DATE
OF
DEATH

March 31, 1953

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF
HOSPITAL OR
INSTITUTION (If not in hospital or institution, give street address or location)

518 E. Cold Spring Lane

4. USUAL RESIDENCE (Where deceased lived, If institution: residence

A. STATE

B. COUNTY

before admission)

Maryland

C. CITY OR TOWN

(If outside corporate limits, write RURAL, and give township)

Baltimore

D. STREET ADDRESS (If rural, give location)

518 E. Cold Spring Lane

Length of stay in Baltimore

Yrs.
Mos.
Days

5. SEX

female

6. COLOR OR RACE

white

7. SINGLE, MARRIED,

WIDOWED, DIVORCED (Specify)
married

8. DATE OF BIRTH

April 20, 1896

9. AGE (In years
last birthday)

56

If Under 1 Year
Months Days

If Under 24 Hours
Hours Min.

10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

housewife

10B. KIND OF BUSINESS OR
INDUSTRY

own home

11. BIRTHPLACE (State or foreign country)

Germany

12. CITIZEN OF
WHAT COUNTRY?

U. S. A.

13. FATHER'S NAME

Nicholas Heinz

14. MOTHER'S MAIDEN NAME

Marie Binderwald

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)

16. SOCIAL
SECURITY NO.

17. INFORMANT

ADDRESS

Fred H. Fahle, 518 E. Cold Spring Lane

18. **420.1**

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e.g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A) **Coronary Thrombosis**

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B)

DUE TO

(C)

II
OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒

21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH

21B. PLACE OF INJURY (e.g., in or
about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID
INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

WHILE AT ☐ NOT WHILE ☐
WORK AT WORK

22. I hereby certify that I attended the deceased from **June 4, 1952** to **March 31, 1953** that I last saw the deceased alive on **March 30, 1953** and that death occurred at **5:45 A.M.**, from the causes and on the date stated above.

23A. SIGNATURE

William H. Fustling

M. D.

23B. ADDRESS

11 E. Chase St

23C. DATE SIGNED

4-2-53

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)
burial

24B. DATE

4/4/53

24C. NAME OF CEMETERY OR CREMATORY

Holy Redeemer Cemetery

24D. LOCATION (City, town, or county)

Baltimore,

Maryland

DATE RECEIVED BY
LOCAL REGISTRAR

APR 2 - 1953

REGISTRAR'S SIGNATURE

Thurston Williams

25. FUNERAL DIRECTOR

ADDRESS

Wm. Cook, Inc., 1217 St. Paul Street

STATE OF CALIFORNIA
DEPARTMENT OF DEATH

1. NAME OF DECEASED		2. SEX		3. AGE	
4. DATE OF DEATH		5. TIME OF DEATH		6. PLACE OF DEATH	
7. CAUSE OF DEATH		8. MANNER OF DEATH		9. SIGNATURE OF PHYSICIAN	
10. SIGNATURE OF CORONER		11. SIGNATURE OF JURY		12. SIGNATURE OF WITNESSES	
13. SIGNATURE OF DECEASED		14. SIGNATURE OF NEXT OF KIN		15. SIGNATURE OF BURIAL	
16. SIGNATURE OF INTERMENT		17. SIGNATURE OF FUNERAL HOME		18. SIGNATURE OF CEMETERY	
19. SIGNATURE OF CHURCH		20. SIGNATURE OF MINISTERS		21. SIGNATURE OF MUSICIANS	
22. SIGNATURE OF FLORISTS		23. SIGNATURE OF COFFIN		24. SIGNATURE OF CASKET	
25. SIGNATURE OF CASKET		26. SIGNATURE OF CASKET		27. SIGNATURE OF CASKET	
28. SIGNATURE OF CASKET		29. SIGNATURE OF CASKET		30. SIGNATURE OF CASKET	
31. SIGNATURE OF CASKET		32. SIGNATURE OF CASKET		33. SIGNATURE OF CASKET	
34. SIGNATURE OF CASKET		35. SIGNATURE OF CASKET		36. SIGNATURE OF CASKET	
37. SIGNATURE OF CASKET		38. SIGNATURE OF CASKET		39. SIGNATURE OF CASKET	
40. SIGNATURE OF CASKET		41. SIGNATURE OF CASKET		42. SIGNATURE OF CASKET	
43. SIGNATURE OF CASKET		44. SIGNATURE OF CASKET		45. SIGNATURE OF CASKET	
46. SIGNATURE OF CASKET		47. SIGNATURE OF CASKET		48. SIGNATURE OF CASKET	
49. SIGNATURE OF CASKET		50. SIGNATURE OF CASKET		51. SIGNATURE OF CASKET	
52. SIGNATURE OF CASKET		53. SIGNATURE OF CASKET		54. SIGNATURE OF CASKET	
55. SIGNATURE OF CASKET		56. SIGNATURE OF CASKET		57. SIGNATURE OF CASKET	
58. SIGNATURE OF CASKET		59. SIGNATURE OF CASKET		60. SIGNATURE OF CASKET	
61. SIGNATURE OF CASKET		62. SIGNATURE OF CASKET		63. SIGNATURE OF CASKET	
64. SIGNATURE OF CASKET		65. SIGNATURE OF CASKET		66. SIGNATURE OF CASKET	
67. SIGNATURE OF CASKET		68. SIGNATURE OF CASKET		69. SIGNATURE OF CASKET	
70. SIGNATURE OF CASKET		71. SIGNATURE OF CASKET		72. SIGNATURE OF CASKET	
73. SIGNATURE OF CASKET		74. SIGNATURE OF CASKET		75. SIGNATURE OF CASKET	
76. SIGNATURE OF CASKET		77. SIGNATURE OF CASKET		78. SIGNATURE OF CASKET	
79. SIGNATURE OF CASKET		80. SIGNATURE OF CASKET		81. SIGNATURE OF CASKET	
82. SIGNATURE OF CASKET		83. SIGNATURE OF CASKET		84. SIGNATURE OF CASKET	
85. SIGNATURE OF CASKET		86. SIGNATURE OF CASKET		87. SIGNATURE OF CASKET	
88. SIGNATURE OF CASKET		89. SIGNATURE OF CASKET		90. SIGNATURE OF CASKET	
91. SIGNATURE OF CASKET		92. SIGNATURE OF CASKET		93. SIGNATURE OF CASKET	
94. SIGNATURE OF CASKET		95. SIGNATURE OF CASKET		96. SIGNATURE OF CASKET	
97. SIGNATURE OF CASKET		98. SIGNATURE OF CASKET		99. SIGNATURE OF CASKET	
100. SIGNATURE OF CASKET		101. SIGNATURE OF CASKET		102. SIGNATURE OF CASKET	

53 520
3280

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 53 3280

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

MRS. MARGARET DOWNES

2. DATE OF DEATH

4/1/53

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR INSTITUTION

Church Home & Hospital

4. USUAL RESIDENCE (Where deceased lived, if institution: residence before admission)
A. STATE

Maryland, Howard

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)
Highland 62-00

D. STREET ADDRESS (If rural, give location)

Length of stay in Baltimore

5

5. SEX

F

6. COLOR OR RACE

W

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)

M.

8. DATE OF BIRTH

May 20, 1919

9. AGE (In years last birthday)

33

If Under 1 Year Months: Days: If Under 24 Hours Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Teacher

10B. KIND OF BUSINESS OR INDUSTRY

Public School

11. BIRTHPLACE (State or foreign country)

Maryland

12. CITIZEN OF WHAT COUNTRY?

U.S.

13. FATHER'S NAME

Harwood Owings

14. MOTHER'S MAIDEN NAME

Dorothy Moore

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)

No

16. SOCIAL SECURITY NO.

-

17. INFORMANT

ADDRESS

Church Home & Hospital

18. 193X

CAUSE OF DEATH

INTERVAL BETWEEN ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) DUE TO

Brain tumor, glioma 2 gm.

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B) DUE TO
(C)

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

May, 1951

19B. MAJOR FINDINGS OF OPERATION

Inoperable glioma of Brain

20. AUTOPSY?

YES ☒ NO ☐

21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH

21B. PLACE OF INJURY (If in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

WHILE AT WORK ☐ NOT WHILE AT WORK ☐

22. I hereby certify that I attended the deceased from 2/2, 1953, to 4/1, 1953, that I last saw the deceased alive on 4/1, 1953, and that death occurred at 2:15 P.M., from the causes and on the date stated above.

23A. SIGNATURE

Dr. F. Larson

M. D.

23B. ADDRESS

Church Home & Hospital

23C. DATE SIGNED

4/1/53

24A. BURIAL, CREMATION, REMOVAL (Specify)

Burial

24B. DATE

4/3/53

24C. NAME OF CEMETERY OR CREMATORY

Friends Cemetery Montgomery Co.

24D. LOCATION (City, town, or county) (State)

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

Huntington Williams, 400 East 1st St., Ellicott City, Md.

VS 150

0938V

MEDICAL CERTIFICATION

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

H-200 CERTIFICATE CORRECTED 4-2-53				BALTIMORE CITY HEALTH DEPARTMENT		53 3281		
BIRTH NO.				CERTIFICATE OF DEATH		Registered No.		
1. NAME OF DECEASED (Type or Print)				BERNARD J. HESS		2. DATE OF DEATH April 1, 1953		
3. PLACE OF DEATH: A. Baltimore City, Maryland				4. USUAL RESIDENCE (Where deceased lived, if institution: residence before admission) A. STATE Pennsylvania B. COUNTY				
5. FULL NAME OF HOSPITAL OR INSTITUTION University Hospital				C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Hanover				
c. Length of stay in Baltimore Yrs. Mos. Days				D. STREET ADDRESS (If rural, give location)				
5. SEX Male	6. COLOR OR RACE White	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH Mar. 29, 1918		9. AGE (In years last birthday) 35	If Under 1 Year Months Days	If Under 24 Hours Hours Min.	
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Welder		10B. KIND OF BUSINESS OR INDUSTRY York Corp.		11. BIRTHPLACE (State or foreign country) York, Penna.		12. CITIZEN OF WHAT COUNTRY?		
13. FATHER'S NAME Clarence R. Hess				14. MOTHER'S MAIDEN NAME Maggie E. Rose				
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) Yes		16. SOCIAL SECURITY NO. 188-03-8440		17. INFORMANT ADDRESS Clarence R. Hess, 574 W. Philadelphia St.				
18. <u>E 873.4</u> DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) DUE TO ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. DUE TO OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.				CAUSE OF DEATH (A) <u>Cranio-cerebral injury</u> (B) (C)		INTERVAL BETWEEN ONSET AND DEATH		
19A. DATE OF OPERATION		19B. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>		
21A. EXTERNAL CAUSE WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH.		21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) road		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location) Rt. 30, 3 miles north of Manchester, Md.-Carroll County 5600				
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY April 1, 1953 12:10 A.M.		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		21F. HOW DID INJURY OCCUR? Driver of auto which ran up 20' embankment & overturned autopsy				
22. I certify that I took charge of the remains described above, held an Autopsy, Inspection or Inquiry thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes <input type="checkbox"/> , accident <input checked="" type="checkbox"/> , suicide <input type="checkbox"/> , homicide <input type="checkbox"/> , undetermined <input type="checkbox"/> .				23A. SIGNATURE R. J. Fisher				23B. CHIEF MEDICAL EXAMINER <input checked="" type="checkbox"/> ASSISTANT MEDICAL EXAMINER <input type="checkbox"/> MEDICAL INVESTIGATOR <input type="checkbox"/>
24A. BURIAL, CREMATION, REMOVAL (Specify) Burial		24B. DATE 4/4/53		24C. NAME OF CEMETERY OR CREMATORY York, Pa		24D. LOCATION (City, town, or county) (State) York, Pa		
DATE RECEIVED BY LOCAL REGISTRAR APR 2 - 1953		REGISTRAR'S SIGNATURE Huntington Williams		25. FUNERAL DIRECTOR Edmond S. Bannister		ADDRESS 749 S. Queen St. York, Pa.		
VS 151 N-856.0				68599				

MEDICAL CERTIFICATION

**BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH**

53 3282
Registered No. _____

BIRTH NO. _____		1. NAME OF DECEASED (Type or Print) Paul Loeschke Sr.		2. DATE OF DEATH 4/1/53	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Maryland B. COUNTY Baltimore			
B. FULL NAME OF (If not in hospital or institution, give street address or location) St. Agnes Hospital		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore 29, 16-08			
C. Length of stay in Baltimore 66 Yrs. 66 Mo. 66 Days		D. STREET ADDRESS (If rural, give location) 610 Dennison St.			
5. SEX Male	6. COLOR OR RACE White	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Married		8. DATE OF BIRTH 1/11/87	9. AGE (In years last birthday) 66
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Business Agent		10B. KIND OF BUSINESS OR INDUSTRY Amalgamated Clothing Workers		11. BIRTHPLACE (State or foreign country) Maryland	
13. FATHER'S NAME Paul J.		14. MOTHER'S MAIDEN NAME Minnie Booker			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) _____		16. SOCIAL SECURITY NO. _____		17. INFORMANT ADDRESS Mrs. Margaret C. Loeschke, 610 N. Denison St.	
18. 561.1 I DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) MEASENTERIC THROMBOSIS DUE TO MEASENTERIC THROMBOSIS ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. CONG. HT. FAILURE DUE TO C. C. V. D. (C) _____		CAUSE OF DEATH Denison St.		INTERVAL BETWEEN ONSET AND DEATH 24 hrs	
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.					
19A. DATE OF OPERATION 3-29-53		19B. MAJOR FINDINGS OF OPERATION Irreducible femoral-hernia		20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH <input type="checkbox"/>		21B. PLACE OF INJURY (e. g. in or about home, farm, factory, street, office bldg., etc.) _____		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location) _____	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY _____		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR? _____	
22. I hereby certify that I attended the deceased from 3-26 , 19 53 to 4-1 , 19 53 that I last saw the deceased alive on 4-1 , 19 53 , and that death occurred at 9 A. m., from the causes and on the date stated above.					
23A. SIGNATURE George Otten		23B. ADDRESS St Agnes Hospital		23C. DATE SIGNED 4-1-53	
24A. BURIAL, CREMATION, REMOVAL (Specify) Burial		24B. DATE April 4/53		24C. NAME OF CEMETERY OR CREMATORY Loudon Pk.	
24D. LOCATION (City, town, or county) (State) Baltimore, Md.		25. FUNERAL DIRECTOR ADDRESS Huntington Williams, M. Harvey F. Rutzke 4101 Edmondson Ave.			

50 5055

CERTIFICATE OF DEATH
DEPARTMENT OF HEALTH

1945

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53 3283

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATHX
53 3283
Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

MABEL SPARKS

2. DATE
OF
DEATH

MARCH 31, 1953

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence

A. STATE

B. COUNTY

before admission)

B. FULL NAME OF (If not in hospital or institution, give street address or
HOSPITAL OR location)

SOUTH BALTIMORE GEN. HOSPITAL

C. CITY OR TOWN

(If outside corporate limits, write RURAL and give township)

DUNDALK (22)

D. STREET ADDRESS (If rural, give location)

3210 MOSHANEWAY 5353

5. SEX

FEMALE

6. COLOR OR RACE

WHITE

7. SINGLE, MARRIED,

WIDOWED, DIVORCED (Specify)

MARRIED

8. DATE OF BIRTH

12-25-1892

9. AGE (In years

last birthday)

60

If Under 1 Year

Months: Days

If Under 24 Hours

Hours: Min.

10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

HOUSEWIFE

10B. KIND OF BUSINESS OR
INDUSTRY

11. BIRTHPLACE (State or foreign country)

VIRGINIA

12. CITIZEN OF
WHAT COUNTRY?

U.S.A.

13. FATHER'S NAME

CALVIN MONDAY

14. MOTHER'S MAIDEN NAME

ALMA DAVIS

15. WAS DECEASED EVER IN U.S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)16. SOCIAL
SECURITY NO.

NONE

17. INFORMANT

OTIS SPARKS -

ADDRESS

SAME

18. 443X

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A) SUBARACHNOID HEMORRHAGE

DUE TO

ANTECEDENT CAUSES

HYPERTENSIVE CARDIO-VASCULAR

(B) DISEASE

DUE TO

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(C)

2 YEARS

II
OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

NONE

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒21A. ACCIDENT WAS UNDER-
LYING OR CONTRIBUTING
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR? (If in Baltimore City, give exact location)21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

WHILE AT NOT WHILE
WORK ☐ AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from MARCH 18, 1953, to MARCH 31, 1953, that I last saw the
deceased alive on MARCH 31, 1953, and that death occurred at 8:45 P.m., from the causes and on the date stated above.

23A. SIGNATURE

W. M. Conway

M. O.

23B. ADDRESS

South Baltimore General Hosp

23C. DATE SIGNED

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

24B. DATE

4-4-53

24C. NAME OF CEMETERY OR CREMATORY

OAK LAWN.

24D. LOCATION (City, town, or county)

BALTO. Co., Md.

(State)

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

Huntington Williams, 1121 W. Baltimore St., Dundalk, Md.

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100-100000

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53 3284

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 53 3284

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

GORDON WATSON

2. DATE
OF DEATH March 31, 1953

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived, if institution; residence

A. STATE

Maryland

B. COUNTY

before admission)

B. FULL NAME OF (If not in hospital or institution, give street address or location)

518 Wyeth Street

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Baltimore

21-02

D. STREET ADDRESS (If rural, give location)

518 Wyeth Street

c. Length of stay in Baltimore

Yrs.
Mos.
Days

5. SEX

Male

6. COLOR OR RACE

White

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

MARRIED

8. DATE OF BIRTH

1-20-1897

9. AGE (In years
last birthday)

52

If Under 1 Year
Months DaysIf Under 24 Hours
Hours Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

SEAMAN

10B. KIND OF BUSINESS OR
INDUSTRY

11. BIRTHPLACE (State or foreign country)

12. CITIZEN OF
WHAT COUNTRY?

13. FATHER'S NAME

SAMUEL J. WATSON, SR.

14. MOTHER'S MAIDEN NAME

SUSAN MOORE

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)16. SOCIAL
SECURITY NO.

NONE

17. INFORMANT

ADDRESS

John Watson, Hampton, Va.

18. 592X I

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A) Chronic glomerulonephritis

DUE TO

ANTECEDENT CAUSES

(B)

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

DUE TO

(C)

ii
OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☒ NO ☐21A. EXTERNAL CAUSE WAS
UNDERLYING ☐ OR CONTRIB-
UTING ☐ CAUSE OF DEATH.21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR? (If in Baltimore City, give exact location)21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

WHILE AT ☐ NOT WHILE ☐
WORK AT WORK

21F. HOW DID INJURY OCCUR?

22. I certify that I took charge of the remains described above, held an autopsy thereon and from
the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above,
and death in my opinion resulted from: natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐.

23A. SIGNATURE

William Watson

23B. CHIEF MEDICAL EXAMINER ☒
ASSISTANT MEDICAL EXAMINER ☐
MEDICAL INVESTIGATOR23C. DATE SIGNED
March 31, 195324A. BURIAL, CREMA-
TION, REMOVAL (Specify)

Removal

24B. DATE

4-2-53

24C. NAME OF CEMETERY OR CREMATORY

Oakland Cem.

24D. LOCATION (City, town, or county)

Hampton, Virginia

(State)

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

Huntington Williams

25. FUNERAL DIRECTOR

ADDRESS

George A. Farley - Cator & Co., Inc.

VS 151

673 55

MARGIN RESERVED FOR BINDING
PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MEDICAL CERTIFICATION

1928

RECEIVED OF THE
CENTRAL BANK OF INDIA

1928

No.		Date		Particulars		Amount	

65
3 3285BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

53 3285

Registered No.

IRTH NO.

1. NAME OF DECEASED
(Type or Print)

Ralph Abramovitch

2. DATE
OF
DEATH

Apr. 2-1953

3. PLACE OF DEATH:

Baltimore City, Maryland

4. FULL NAME OF
HOSPITAL OR
INSTITUTION (If not in hospital or institution, give street address or location)

JOHNS HOPKINS HOSPITAL

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE

B. COUNTY

C. CITY OR TOWN

(If outside corporate limits, write RURAL and give township)

D. STREET ADDRESS (If rural, give location)

Length of stay in Baltimore

5. SEX

6. COLOR OR RACE

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)Yrs.
Mos.
Days

8. DATE OF BIRTH

9. AGE (in years
last birthday)If Under 1 Year
Months: DaysIf Under 24 Hours
Hours: Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)10B. KIND OF BUSINESS OR
INDUSTRY

11. BIRTHPLACE (State or foreign country)

12. CITIZEN OF
WHAT COUNTRY?

13. FATHER'S NAME

14. MOTHER'S MAIDEN NAME

15. WAS DECEASED EVER IN U.S. ARMED FORCES?
(If yes, give war or dates of service)16. SOCIAL
SECURITY NO.

17. INFORMANT

ADDRESS

18.

754.0

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e.g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A)

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B)

DUE TO

(C)

II
OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☒ NO ☐21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH21B. PLACE OF INJURY (e.g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

WHILE AT ☐ NOT WHILE
WORK AT WORK ☐22. I hereby certify that I attended the deceased from 3-20-1953 to 4-2-1953, that I last saw the
deceased alive on 4-2-1953, and that death occurred at 10:53 p.m. from the causes and on the date stated above.

23A. SIGNATURE

23B. ADDRESS

23C. DATE SIGNED

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county) (State)

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

UNITED STATES DEPARTMENT OF COMMERCE
BUREAU OF MARINE FISHERIES

REPORT OF THE
COMMISSIONER OF FISHERIES
ON THE
FISH AND FISHING INDUSTRIES OF THE UNITED STATES
IN 1902

BY
J. EDWARD SMITH, COMMISSIONER OF FISHERIES

WASHINGTON, D. C.
GOVERNMENT PRINTING OFFICE
1903

600

53 3286

BIRTH NO.

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

53 3286

Registered No.

1. NAME OF DECEASED
Type or Print)

JAMES E OHARA

2. DATE OF DEATH

APRIL-1-1953

3. PLACE OF DEATH:

Baltimore City, Maryland 1101 E FAYETTE ST

4. USUAL RESIDENCE (Where deceased lived, If institution: residence before admission)

A. STATE

B. COUNTY

23-02

5. FULL NAME OF DECEASED (If not in hospital or institution, give street address or location)

FAYETTE CONVALESCENT HOME

6. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

BALTIMORE MD

7. D. STREET ADDRESS (If rural, give location)

12 E WEST ST.

8. DATE OF BIRTH

DEC-11-1898

9. SEX

MALE

10. COLOR OR RACE

WHITE

11. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)

SINGLE

12. AGE (In years: last birthday)

64

13. US. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

NONE

14. KIND OF BUSINESS OR INDUSTRY

15. BIRTHPLACE (State or foreign country)

BALTIMORE MD

16. CITIZEN OF WHAT COUNTRY?

US

17. FATHER'S NAME

JAMES E OHARA

18. MOTHER'S MAIDEN NAME

SARAH CORKRAN

19. WAS DECEASED EVER IN U.S. ARMED FORCES? (If yes, give war or dates of service)

NO

20. SOCIAL SECURITY NO.

21. INFORMANT

FRANCIS J. OHARA 12 E WEST ST

22. ADDRESS

23. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) congestive heart failure

24. ANTECEDENT CAUSES (DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE, (A) STATING THE UNDERLYING CONDITION LAST.

(B)

25. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

(C)

26. INTERVAL BETWEEN ONSET AND DEATH

sev weeks

27. DATE OF OPERATION

0

28. MAJOR FINDINGS OF OPERATION

29. ACCIDENT, SUICIDE, HOMICIDE (Specify)

21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED WHILE AT WORK NOT WHILE AT WORK

21F. HOW DID INJURY OCCUR?

30. I hereby certify that I attended the deceased from March 15, 1953 to April 1, 1953, that I last saw the deceased alive on April 1, 1953, and that death occurred at 3:30 PM, from the causes and on the date stated above.

23A. SIGNATURE

23B. ADDRESS

23C. DATE SIGNED

31. DATE RECEIVED BY LOCAL REGISTRAR

32. REGISTRAR'S SIGNATURE

33. FUNERAL DIRECTOR

34. ADDRESS

35. BURIAL, CREMATION, REMOVAL (Specify)

36. DATE

37. NAME OF CEMETERY OR CREMATORY

38. LOCATION (City, town, or county) (State)

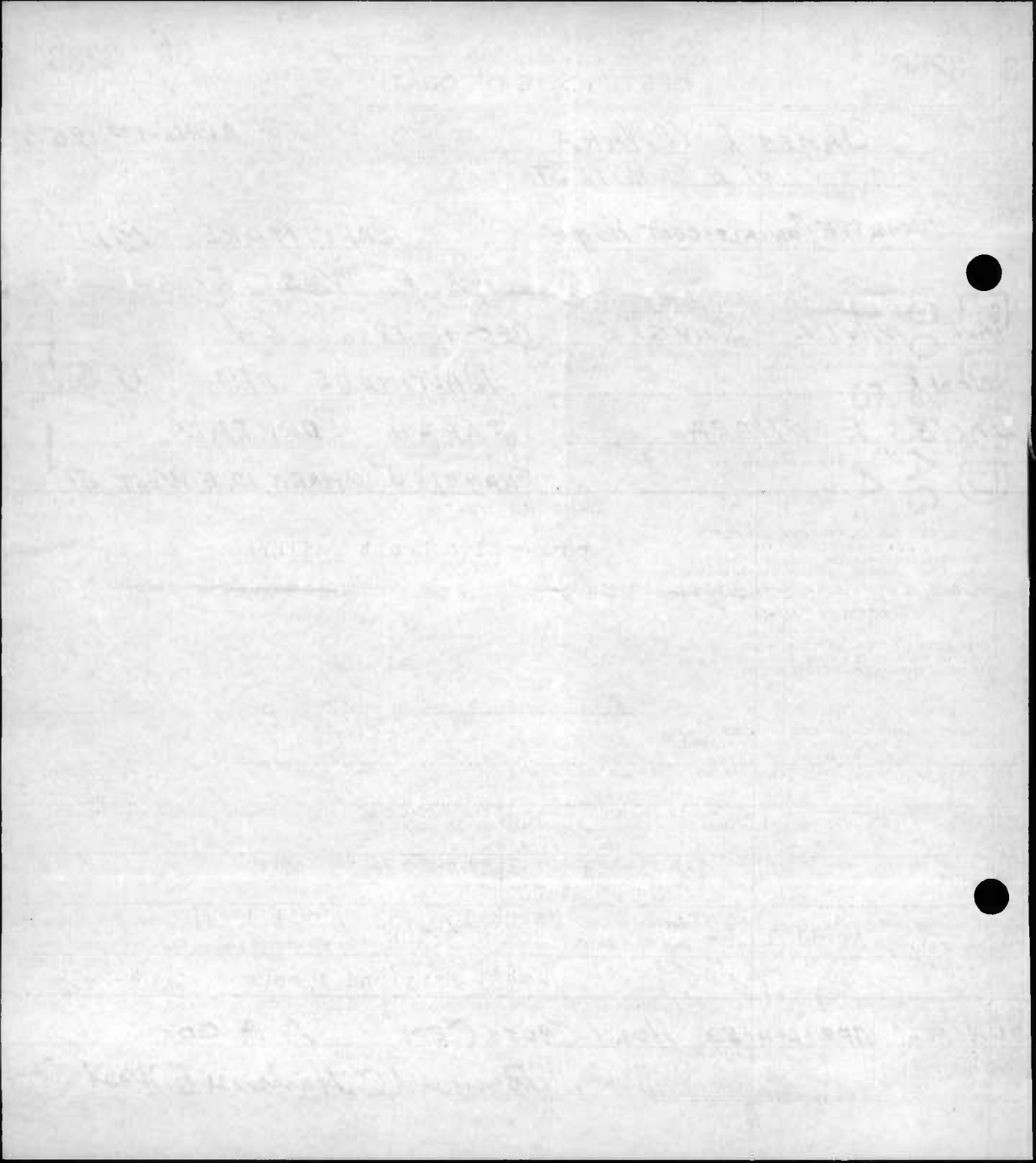
39. BURIAL

APRIL-4-53

HOLY CROSS CEM

A A CO.

40. VS 150



210

53 3287

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

53 3287

Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

RUTH LILLIAN BISHOP

2. DATE
OF
DEATH

4/1/53

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR
INSTITUTION

HOSPITAL FOR WOMEN OF MARYLAND

C. Length of stay in Baltimore

Yrs.
Mos.
Days

5. SEX

Female

6. COLOR OR RACE

White

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

WIDOWED

10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

None Housewife

10B. KIND OF BUSINESS OR
INDUSTRY

At Home

13. FATHER'S NAME

JOHN SEALLON

5. WAS DECEASED EVER IN U.S. ARMED FORCES?
(If yes, give war or dates of service)

No

No

16. SOCIAL
SECURITY NO.

8. DATE OF BIRTH

5-16-84

9. AGE (In years
last birthday)

68

11 Under 1 Year
Months: Days11 Under 24 Hours
Hours: Min.

11. BIRTHPLACE (State or foreign country)

New York

12. CITIZEN OF
WHAT COUNTRY?

USA

14. MOTHER'S MAIDEN NAME

Caroline Kohler

17. INFORMANT ADDRESS
Mrs. Paul Eberman, 338 Larchmont Road
Elmira, New York

18.

CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e.g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

DUE TO

(A) Generalized carcinoma

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

DUE TO

(B) Ca of rectum

II

OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

(C)

INTERVAL BETWEEN
ONSET AND DEATH

19A. DATE OF OPERATION

1950

19B. MAJOR FINDINGS OF OPERATION

Ca of rectum

20. AUTOPSY?

YES ☒ NO ☐21A. ACCIDENT, SUICIDE,
HOMICIDE (Specify)21B. PLACE OF INJURY (e.g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

WHILE AT ☐ NOT WHILE ☐
WORK AT WORK

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 2/9/53, 19__, to 4/1/53, 19__, that I last saw the
deceased alive on 4/1/53, 19__, and that death occurred at 5:50 p.m., from the causes and on the date stated above.

23A. SIGNATURE

M. O.

23B. ADDRESS

23C. DATE SIGNED

4/1/53

4A. BURIAL, CREMA-
TION, REMOVAL (Specify)

Burial

24B. DATE

April 4, 1953

24C. NAME OF CEMETERY OR CREMATORY

Woodlawn Cemetery

24D. LOCATION (City, town, or county)

Woodlawn, Md.

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

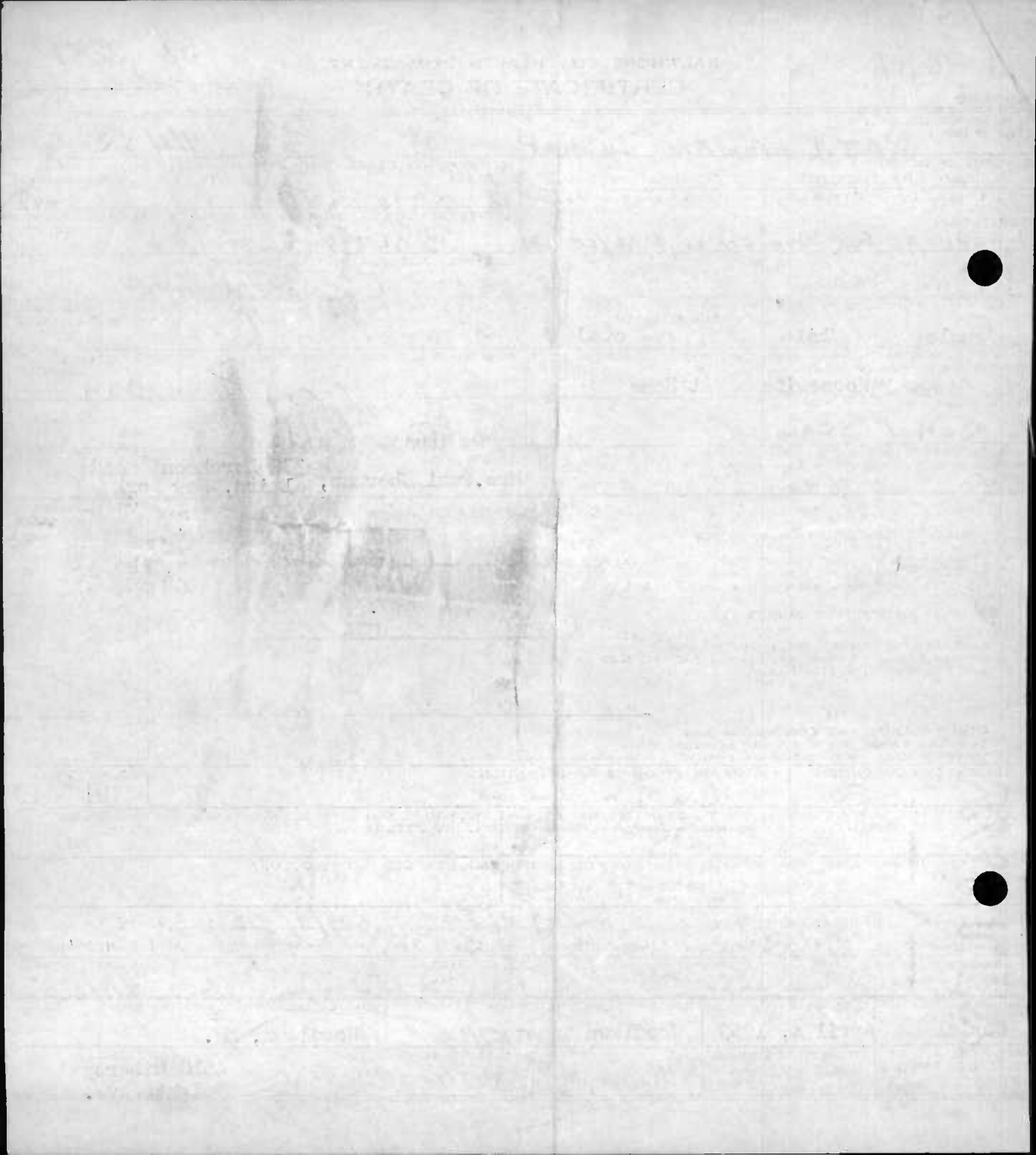
25. FUNERAL DIRECTOR

ADDRESS

4510 Liberty
Heights Ave.

APR 3 - 1953

Huntington Williams, M.D. & Willis Laurence



PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

 Registered No. **53 3288**

 BIRTH NO. **53 3288** **Moti**

 1. NAME OF DECEASED
(Type or Print)

Moti
L.
DHINGRA

 2. DATE OF DEATH **April 1, 1953**

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE

Maryland

B. COUNTY

Baltimore

B. FULL NAME OF (If not in hospital or institution, give street address or location)

Baltimore City Morgue

C. CITY OR TOWN

Towson

D. STREET ADDRESS (If rural, give location)

242 Linden Avenue

c. Length of stay in Baltimore

 Yrs.
Mos.
Days

5. SEX

Male

6. COLOR OR RACE

White

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)

Married

8. DATE OF BIRTH

Sept 26, 1900

9. AGE (In years last birthday)

52

If Under 1 Year

Months: Days

If Under 24 Hours

Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

10B. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country)

India

12. CITIZEN OF WHAT COUNTRY?

India

13. FATHER'S NAME

?

14. MOTHER'S MAIDEN NAME

?

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

 17. INFORMANT ADDRESS
Mrs Carl Hase 1020 Dartmouth Rd

 18. **E 975 x 1**

CAUSE OF DEATH

INTERVAL BETWEEN ONSET AND DEATH

 DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

 (A) **DROWNING (Found Drowned)**

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B)

DUE TO

(C)

 II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

 YES ☒ NO ☐

21A. EXTERNAL CAUSE WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH.

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

HARBOR -

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

Pier 5 PRATT ST

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

4 1 53 30

 21E. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☒

21F. HOW DID INJURY OCCUR?

Found Drowned - Left Suicide Note

 22. I certify that I took charge of the remains described above, held an **Autopsy** thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☐, suicide ☒, homicide ☐, undetermined ☐.

23A. SIGNATURE

R. F. Fisher

M.D.

 23B. CHIEF MEDICAL EXAMINER ☒ ASSISTANT MEDICAL EXAMINER ☐ MEDICAL INVESTIGATOR ☐

 23C. DATE SIGNED **April 2, 1953**

24A. BURIAL, CREMATION, REMOVAL (Specify)

Cremention

24B. DATE

4-3-53

24C. NAME OF CEMETERY OR CREMATORY

Greenmount

24D. LOCATION (City, town, or county)

Balto. City Md

(State)

DATE RECEIVED BY LOCAL REGISTRAR

APR 3 - 1953

REGISTRAR'S SIGNATURE

Huntington Williams, M.D.

25. FUNERAL DIRECTOR

Wm. Cook Inc

ADDRESS

1217 St Paul St.

V S 151

N-990x

**BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH**

Registered No.

53 3289

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Joseph Millman

2. DATE
OF
DEATH

4/2/53

3. PLACE OF DEATH:

A. Baltimore City, Maryland

Sinai Hospital

4. USUAL RESIDENCE (Where deceased lived. If institution: residence

A. STATE

Maryland

B. COUNTY

before admission)

6. FULL NAME OF
HOSPITAL OR
INSTITUTION

Sinai

(If not in hospital or institution, give street address or location)

C. CITY OR TOWN

Baltimore 3-01

(If outside corporate limits, write RURAL and give township)

D. STREET ADDRESS (If rural, give location)

231 S. Dallas Ct. #31

7. Length of stay in Baltimore

43

Yrs.
Mos.
Days

5. SEX

M

6. COLOR OR RACE

W

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

M

8. DATE OF BIRTH

1/15/78

9. AGE (In years
last birthday)

75

10. Under 1 Year
Months: Days

11. Under 24 Hours
Hours: Min.

10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

Retired

10B. KIND OF BUSINESS OR
INDUSTRY

Cabinet maker

11. BIRTHPLACE (State or foreign country)

Russia

12. CITIZEN OF
WHAT COUNTRY?

13. FATHER'S NAME

Not Known

14. MOTHER'S MAIDEN NAME

Not Known

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)

16. SOCIAL
SECURITY NO.

17. INFORMANT ADDRESS
Mollie Millman - Same

18.

420.1

CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY
LEADING TO DEATH

(This does not mean the mode of dying, e. g.,
heart failure, asthma, etc. It means the disease,
injury or complication which caused death.)

(A) Acute myocardial Infarction

12 hours

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B) Atherosclerotic Cardiovascular Dis

8 years

(C)

II

OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒

21A. ACCIDENT WAS UNDER-
LYING OR CONTRIBUTING
CAUSE OF DEATH

21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID
INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

WHILE AT NOT WHILE
WORK ☐ AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 4/2, 1953, to 4/2, 1953, that I last saw the
deceased alive on 4/2, 1953, and that death occurred at 8:30 P. M., from the causes and on the date stated above.

23A. SIGNATURE

Julius S. Buer

M. D.

23B. ADDRESS

Sinai Hospital, Balto. Md

23C. DATE SIGNED

4/2/53

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

Burial

24B. DATE

4-3-53

24C. NAME OF CEMETERY OR CREMATORY

Rosedale

24D. LOCATION (City, town, or county)

Balto

(State)

Md

DATE RECEIVED BY
LOCAL REGISTRAR

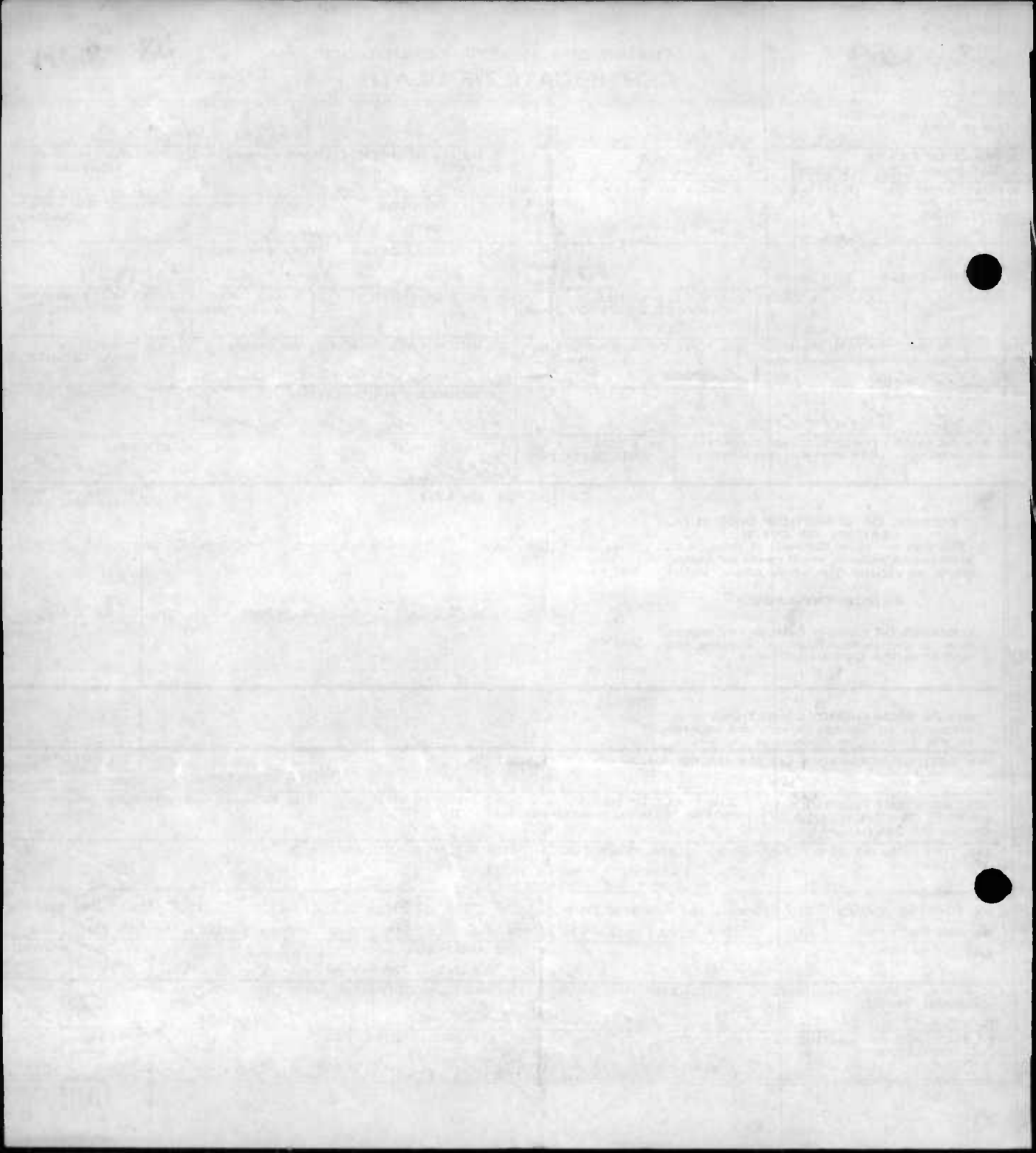
REGISTRAR'S SIGNATURE

APR 3 - 1953 Huntington Williams, M.D.

25. FUNERAL DIRECTOR

ADDRESS

Jack Lewis, 2100 Eutan Pl



1. NAME OF DECEASED (Type or Print) <i>Emmace Fuller</i>		2. DATE OF DEATH <i>March 24, 1953</i>	
3. PLACE OF DEATH: A. Baltimore City, Maryland <i>Acc Room</i>		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE <i>md</i> B. COUNTY <i>3-0</i>	
B. FULL NAME OF HOSPITAL OR INSTITUTION <i>JOHNS HOPKINS HOSPITAL</i>		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <i>Baltimore</i>	
c. Length of stay in Baltimore		D. STREET ADDRESS (If rural, give location) <i>1161 E. Lombard St</i>	
5. SEX <i>Female</i>	6. COLOR OR RACE <i>Colored</i>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH <i>3-3-1912</i>
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10B. KIND OF BUSINESS OR INDUSTRY	9. AGE (In years last birthday) <i>41</i>
13. FATHER'S NAME <i>James E. Marton</i>		12. CITIZEN OF WHAT COUNTRY?	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.	
17. INFORMANT		ADDRESS <i>JOHNS HOPKINS HOSPITAL</i>	

18. <i>199.9</i> DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) <i>? Carcinomatosis</i>	CAUSE OF DEATH (A) DUE TO (B) DUE TO (C) DUE TO	INTERVAL BETWEEN ONSET AND DEATH <i>Unknown</i>
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		

19A. DATE OF OPERATION <i>0</i>		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21A. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH		21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) INJURY		21E. INJURY OCCURRED WHILE AT <input type="checkbox"/> WORK NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from <i>3-24-1953</i> , 19__, that I last saw the deceased alive on <i>3-24</i> , 19__, and that death occurred at <i>11:54 a.m.</i> , from the causes and on the date stated above.					
23. SIGNATURE <i>George W. Edwards</i>		23B. ADDRESS <i>JOHNS HOPKINS HOSPITAL</i>		23C. DATE SIGNED <i>3-26-53</i>	
24A. BURIAL, REMA-TION, REMOVAL (Specify)		24B. DATE		24C. NAME OF CEMETERY OR CREMATORY <i>UNIVERSITY MEDICAL SCHOOL</i>	
DATE RECEIVED BY LOCAL REGISTRAR <i>APR 3-1953</i>		REGISTRAR'S SIGNATURE <i>Huntington Williams, M.D.</i>		25. FUNERAL DIRECTOR <i>Huntington Williams, M.D.</i>	

DANMOR CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

1915

1915

THIS IS TO CERTIFY THAT
ON THE 15th DAY OF
JANUARY 1915
AT DANMOR CITY
THE FOLLOWING PERSON
DIED

1915

1915

**BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH**

53 3291
Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Cora Tibbs

2. DATE
OF
DEATH

April 1, 1953

3. PLACE OF DEATH:

a. Baltimore City, Maryland

b. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location)

JOHNS HOPKINS HOSPITAL

4. USUAL RESIDENCE (Where deceased lived, institution; residence before admission)

a. STATE

b. COUNTY

c. CITY OR TOWN

(If outside corporate limits, write RURAL and give township)

d. STREET ADDRESS (If rural, give location)

457 Swartz Ave

c. Length of stay in Baltimore

Yrs.
Mos.
Days

5. SEX

Female Colored

6. COLOR OR RACE

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)

Married

8. DATE OF BIRTH

1-11-1884

9. AGE (In years, Months, Days)

69

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Housewife

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country)

Delaware

12. CITIZEN OF WHAT COUNTRY?
U. S. A.

13. FATHER'S NAME

Emanuel Beach

14. MOTHER'S MAIDEN NAME

Unknown

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT ADDRESS

JOHNS HOPKINS HOSPITAL

18. *4201* CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthma, etc. It means the disease, injury or complication which caused death.)

(A) DUE TO

myocardial infarct

INTERVAL BETWEEN ONSET AND DEATH

*12 days
and
12 hours*

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B) DUE TO

(C)

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?
YES ☐ NO ☒

21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH

21b. PLACE OF INJURY (e. g. in or about home, farm, factory, street, office bldg., etc.)

21c. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21d. TIME (Month) (Day) (Year) (Hour) INJURY

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from *3-29*, 19*53*, to *4-1*, 19*53*, that I last saw the deceased alive on *4-1*, 19*53*, and that death occurred at *5:15* a. m., from the causes and on the date stated above.

23a. SIGNATURE

Richard J. Johns

M. D.

23b. ADDRESS

JOHNS HOPKINS HOSPITAL

23c. DATE SIGNED

1 April 53

24a. BURIAL, CREMATION, REMOVAL (Specify)

Burial

24b. DATE

4-6-53

24c. NAME OF CEMETERY OR CREMATORY

Mt. Calvary Cem

24d. LOCATION (City, town, or county) (State)

Anne Arundel Co., Md

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

Huntington Williams, M.D.

25. FUNERAL DIRECTOR

Mrs. Frances C. Hensley, Director

ADDRESS

578

CERTIFICATE OF DEATH
STATE OF NEW YORK

15 years
15 days

15 years

15 years

15 years

15 years

53 3292

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH53 3292
Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

AMELIA Seubott

2. DATE
OF
DEATH

April 1, 1953

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE

B. COUNTY

Maryland

B. FULL NAME OF (If not in hospital or institution, give street address or location)

211 S. Fulton Ave

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

BALTIMORE

D. STREET ADDRESS (If rural, give location)

211 S. Fulton Ave.

c. Length of stay in Baltimore

Life

Yrs.
Mos.
Days

5. SEX

FEMALE

6. COLOR OR RACE

white

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)

SINGLE

8. DATE OF BIRTH

JUNE 12, 1877

9. AGE (In years last birthday)

75

10. Under 1 Year Months: Days

11. Under 24 Hours Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

HOUSEKEEPER

10B. KIND OF BUSINESS OR INDUSTRY

DOMESTIC

11. BIRTHPLACE (State or foreign country)

Maryland

12. CITIZEN OF WHAT COUNTRY?

U.S.A.

13. FATHER'S NAME

Michael Seubott

14. MOTHER'S MAIDEN NAME

BARBARA

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)

No

NONE

16. SOCIAL SECURITY NO.

NONE

17. INFORMANT

ADDRESS

Anthony Seubott 218 S. Payson St.

18.

CAUSE OF DEATH

INTERVAL BETWEEN ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(A) *Arterio-sclerosis*
DUE TO *radio-radiation 4 years*
(B) *Pfister*
DUE TO *radio-radiation 4 years*
(C) *radio-radiation 4 years*II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

none

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒

21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from *10* to *11*, 19*53*, that I last saw the deceased alive on *19* and that death occurred at *5:30 P. m.*, from the causes and on the date stated above.

23. SIGNATURE

John A. [Signature]

23B. ADDRESS

1219 [Address]

23C. DATE SIGNED

4/7/53

24A. BURIAL, CREMATION, REMOVAL (Specify)

BURIAL

24B. DATE

APRIL 4, 1953

24C. NAME OF CEMETERY OR CREMATORY

NEW CATHEDRAL

24D. LOCATION (City, town, or county) (State)

BALTIMORE, MD

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

Huntington Williams, Jr.

25. FUNERAL DIRECTOR

George L. Schwab 2101 Frederick Ave.

323
53 3293BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

53 3293

Registered No.

BIRTH NO.

1. NAME OF DECEASED (Type or Print) MAI EDGETT			2. DATE OF DEATH Apr. 2, 1953		
3. PLACE OF DEATH: A. Baltimore City, Maryland			4. USUAL RESIDENCE (Where deceased lived, if institution: residence before admission) A. STATE Md. B. COUNTY		
B. FULL NAME OF HOSPITAL OR INSTITUTION 2701 Elsinor Ave.			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore 15-38		
C. Length of stay in Baltimore Yrs. Mos. Days			D. STREET ADDRESS (If rural, give location) 2701 Elsinor Ave.		
5. SEX F	6. COLOR OR RACE W	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Widowed	8. DATE OF BIRTH Jan. 1, 1871	9. AGE (In years last birthday) 82	If Under 1 Year Months Days If Under 24 Hours Hours Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Probation Officer		10B. KIND OF BUSINESS OR INDUSTRY Balto. City	11. BIRTHPLACE (State or foreign country) Trappe, Md.		12. CITIZEN OF WHAT COUNTRY? USA
13. FATHER'S NAME Rev. William Chambers Maloy			14. MOTHER'S MAIDEN NAME Margaret Hopkins		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) No		16. SOCIAL SECURITY NO. None	17. INFORMANT ADDRESS Miss Lucile M. Edgett Above		

18. 420.0 I
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

CAUSE OF DEATH

(A) Acute Congestive Cardiac Failure

(B) Chronic Sclerotic heart

(C) Arteriosclerosis

INTERVAL BETWEEN ONSET AND DEATH

5 days

2 years

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
21A. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from 1-1-1950, to 4-2-1953, that I last saw the deceased alive on 4-2-1953, and that death occurred at 9:50 AM, from the causes and on the date stated above.					
23A. SIGNATURE Howard W. Aron		M. D. 2604 Kanning Bldg		23C. DATE SIGNED 4-3-53	

24A. BURIAL, CREMATION, REMOVAL (Specify) Burial	24B. DATE 4/4/53	24C. NAME OF CEMETERY OR CREMATORY Druid Ridge Cemetery	24D. LOCATION (City, town, or county) (State) Pikesville, Md.
DATE RECEIVED BY LOCAL REGISTRAR APR 3 - 1953		REGISTRAR'S SIGNATURE Huntington	25. FUNERAL DIRECTOR ADDRESS Thos. J. Schreyer, Sons, Inc. Balto Md

VS 150

MEDICAL CERTIFICATION

REPUBLIC OF THE PHILIPPINES
DEPARTMENT OF HEALTH
BUREAU OF PREVENTIVE MEDICINE
OFFICE OF THE ASSISTANT SECRETARY FOR PREVENTIVE MEDICINE
DIVISION OF VETERINARY MEDICINE
DIVISION OF ZOOLOGICAL MEDICINE
DIVISION OF AQUACULTURE
DIVISION OF WILDLIFE
DIVISION OF FISHERIES
DIVISION OF FORESTRY
DIVISION OF AGRICULTURE
DIVISION OF MINING
DIVISION OF COASTAL AND FISHERIES RESOURCES
DIVISION OF NATURAL RESOURCES
DIVISION OF ENVIRONMENTAL PROTECTION
DIVISION OF CLIMATE CHANGE
DIVISION OF DISASTER PREVENTION AND MITIGATION
DIVISION OF RURAL DEVELOPMENT
DIVISION OF URBAN DEVELOPMENT
DIVISION OF INFRASTRUCTURE
DIVISION OF TRANSPORTATION
DIVISION OF ENERGY
DIVISION OF INDUSTRY
DIVISION OF TRADE
DIVISION OF TOURISM
DIVISION OF CULTURE
DIVISION OF EDUCATION
DIVISION OF SCIENCE AND TECHNOLOGY
DIVISION OF INFORMATION AND COMMUNICATIONS
DIVISION OF SOCIAL WELFARE
DIVISION OF LABOR
DIVISION OF HUMAN DEVELOPMENT
DIVISION OF POPULATION AND FAMILY PLANNING
DIVISION OF STATISTICS
DIVISION OF RESEARCH AND DEVELOPMENT
DIVISION OF POLICY AND PLANNING
DIVISION OF LEGAL AFFAIRS
DIVISION OF PUBLIC AFFAIRS
DIVISION OF INTERNATIONAL RELATIONS
DIVISION OF DIPLOMACY
DIVISION OF CONSTITUTIONAL AFFAIRS
DIVISION OF GOVERNANCE
DIVISION OF PUBLIC ADMINISTRATION
DIVISION OF PUBLIC SERVICE
DIVISION OF PUBLIC WORKS
DIVISION OF PUBLIC UTILITIES
DIVISION OF PUBLIC TRANSPORTATION
DIVISION OF PUBLIC SAFETY
DIVISION OF PUBLIC ORDER
DIVISION OF PUBLIC DEFENSE
DIVISION OF PUBLIC SECURITY
DIVISION OF PUBLIC PROTECTION
DIVISION OF PUBLIC INTEREST
DIVISION OF PUBLIC GOOD
DIVISION OF PUBLIC BENEFIT
DIVISION OF PUBLIC WELFARE
DIVISION OF PUBLIC HEALTH
DIVISION OF PUBLIC MEDICINE
DIVISION OF PUBLIC NUTRITION
DIVISION OF PUBLIC DENTISTRY
DIVISION OF PUBLIC DERMATOLOGY
DIVISION OF PUBLIC OPHTHALMOLOGY
DIVISION OF PUBLIC OTOLARYNGOLOGY
DIVISION OF PUBLIC RADIOLOGY
DIVISION OF PUBLIC SURGERY
DIVISION OF PUBLIC OBSTETRICS AND GYNECOLOGY
DIVISION OF PUBLIC PEDIATRICS
DIVISION OF PUBLIC PSYCHIATRY
DIVISION OF PUBLIC PSYCHOLOGY
DIVISION OF PUBLIC SOCIAL WORK
DIVISION OF PUBLIC SOCIAL SERVICES
DIVISION OF PUBLIC SOCIAL POLICY
DIVISION OF PUBLIC SOCIAL RESEARCH
DIVISION OF PUBLIC SOCIAL THEORY
DIVISION OF PUBLIC SOCIAL PRACTICE
DIVISION OF PUBLIC SOCIAL INQUIRY
DIVISION OF PUBLIC SOCIAL ACTION
DIVISION OF PUBLIC SOCIAL CHANGE
DIVISION OF PUBLIC SOCIAL IMPROVEMENT
DIVISION OF PUBLIC SOCIAL DEVELOPMENT
DIVISION OF PUBLIC SOCIAL PROGRESS
DIVISION OF PUBLIC SOCIAL WELL-BEING
DIVISION OF PUBLIC SOCIAL JUSTICE
DIVISION OF PUBLIC SOCIAL EQUITY
DIVISION OF PUBLIC SOCIAL INCLUSION
DIVISION OF PUBLIC SOCIAL PARTICIPATION
DIVISION OF PUBLIC SOCIAL RESPONSIBILITY
DIVISION OF PUBLIC SOCIAL ACCOUNTABILITY
DIVISION OF PUBLIC SOCIAL TRANSPARENCY
DIVISION OF PUBLIC SOCIAL INTEGRITY
DIVISION OF PUBLIC SOCIAL HONOR
DIVISION OF PUBLIC SOCIAL RESPECT
DIVISION OF PUBLIC SOCIAL DIGNITY
DIVISION OF PUBLIC SOCIAL PRIDE
DIVISION OF PUBLIC SOCIAL PRAISE
DIVISION OF PUBLIC SOCIAL REVERENCE
DIVISION OF PUBLIC SOCIAL VENERATION
DIVISION OF PUBLIC SOCIAL ADMIRATION
DIVISION OF PUBLIC SOCIAL APPRECIATION
DIVISION OF PUBLIC SOCIAL GRATITUDE
DIVISION OF PUBLIC SOCIAL LOVE
DIVISION OF PUBLIC SOCIAL AFFECTION
DIVISION OF PUBLIC SOCIAL TENDerness
DIVISION OF PUBLIC SOCIAL COMPASSION
DIVISION OF PUBLIC SOCIAL MERCY
DIVISION OF PUBLIC SOCIAL KINDNESS
DIVISION OF PUBLIC SOCIAL GENTLENESS
DIVISION OF PUBLIC SOCIAL PATIENCE
DIVISION OF PUBLIC SOCIAL FORGIVENESS
DIVISION OF PUBLIC SOCIAL HUMILITY
DIVISION OF PUBLIC SOCIAL MODESTY
DIVISION OF PUBLIC SOCIAL SHAMELESSNESS
DIVISION OF PUBLIC SOCIAL CONFIDENCE
DIVISION OF PUBLIC SOCIAL TRUST
DIVISION OF PUBLIC SOCIAL FAITH
DIVISION OF PUBLIC SOCIAL HOPE
DIVISION OF PUBLIC SOCIAL CHARITY
DIVISION OF PUBLIC SOCIAL LOVE
DIVISION OF PUBLIC SOCIAL AFFECTION
DIVISION OF PUBLIC SOCIAL TENDerness
DIVISION OF PUBLIC SOCIAL COMPASSION
DIVISION OF PUBLIC SOCIAL MERCY
DIVISION OF PUBLIC SOCIAL KINDNESS
DIVISION OF PUBLIC SOCIAL GENTLENESS
DIVISION OF PUBLIC SOCIAL PATIENCE
DIVISION OF PUBLIC SOCIAL FORGIVENESS
DIVISION OF PUBLIC SOCIAL HUMILITY
DIVISION OF PUBLIC SOCIAL MODESTY
DIVISION OF PUBLIC SOCIAL SHAMELESSNESS
DIVISION OF PUBLIC SOCIAL CONFIDENCE
DIVISION OF PUBLIC SOCIAL TRUST
DIVISION OF PUBLIC SOCIAL FAITH
DIVISION OF PUBLIC SOCIAL HOPE
DIVISION OF PUBLIC SOCIAL CHARITY

316

53 3294

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

53 3294

Registered No.

1. NAME OF DECEASED (Type or Print) Wilson Henry Whitford		2. DATE OF DEATH 4-2-53	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Md. B. COUNTY	
B. FULL NAME OF HOSPITAL OR INSTITUTION 202 E. 34th St. Balt.-18		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore 12-02	
C. Length of stay in Baltimore 1 year 60 days		D. STREET ADDRESS (If rural, give location) 202 E. 34th St.	
5. SEX M	6. COLOR OR RACE White	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Widowed	8. DATE OF BIRTH Sept 5-1872
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Chauffeur (rtd)		11. BIRTHPLACE (State or foreign country) Glenville, N.Y.	9. AGE (In years last birthday) 80
13. FATHER'S NAME William - Whitford		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) No		16. SOCIAL SECURITY NO.	
17. INFORMANT SON - Edward Whitford		ADDRESS 202 E 34th St Balt.-18	
18. 420.1 DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) CORONARY Thrombosis		INTERVAL BETWEEN ONSET AND DEATH 2 hrs.	
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. ARTERIO SCLEROSIS			
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.			
19A. DATE OF OPERATION 0		19B. MAJOR FINDINGS OF OPERATION	
21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)	21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY	21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from 4-2-53 to 4-2-53 , 19 53 , that I last saw the deceased alive on 4-2-53 , 19 53 , and that death occurred at 9:34 a.m., from the causes and on the date stated above.			
23A. SIGNATURE Francis Hanner		23B. ADDRESS UNION MEMORIAL Hosp	23C. DATE SIGNED 4-2-53
24A. BURIAL, CREMATION, REMOVAL (Specify) Burial	24B. DATE 4/6/53	24C. NAME OF CEMETERY OR CREMATORY New Cathedral Cem.	24D. LOCATION (City, town, or county) (State) Balto., Md.
DATE RECEIVED BY LOCAL REGISTRAR APR 3- 1953	REGISTRAR'S SIGNATURE Huntington Williams, M.D.	25. FUNERAL DIRECTOR Wm. J. Pickner & Sons	
VS 150		Balto 17, Md.	

MEDICAL CERTIFICATION

UNITED STATES DEPARTMENT OF JUSTICE
FEDERAL BUREAU OF INVESTIGATION

NAME		LAST		FIRST		MIDDLE	
AGE		SEX		RACE		RELIGION	
DATE OF BIRTH		PLACE OF BIRTH		CITY		STATE	
CITY		STATE		COUNTRY		RESIDENCE	
EDUCATION		OCCUPATION		EMPLOYER		SALARY	
MARRIAGE		SPOUSE		CHILDREN		PARENTS	
MOTHER		FATHER		GRANDFATHER		GRANDMOTHER	
BROTHERS		SISTERS		AUNT		UNCLE	
COUSINS		Nephews		Nieces		Other Relatives	
Social Security Number		Fingerprint Number		Photograph Number		Signature	
Date of Interview		Interviewer		Supervisor		Agent	
Date of Report		Report Number		Classification		Remarks	

53 3295

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

53 3295

Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

WILLIAM JOSEPH SMITH

2. DATE
OF
DEATH

April 2, 1953

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR INSTITUTE 939 N. Calvert St.4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE Md.
B. COUNTYC. CITY OR TOWN (If outside corporate limits, write RURAL and give township)
Baltimore 8-03D. STREET ADDRESS (If rural, give location)
2427 E. Federal St.

c. Length of stay in Baltimore

Yrs.
Mos.
Days

5. SEX

male

6. COLOR OR RACE

white

7. SINGLE, MARRIED,

WIDOWED, DIVORCED (Specify)

married

B. DATE OF BIRTH

June 21, 1903

9. AGE (In years last birthday)

49

If Under 1 Year Months: Days
If Under 24 Hours Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Navy Inspector

10B. KIND OF BUSINESS OR INDUSTRY

U. S. Gov't.

11. BIRTHPLACE (State or foreign country)

Maryland

12. CITIZEN OF
WHAT COUNTRY?

13. FATHER'S NAME

William Smith

14. MOTHER'S MAIDEN NAME

Rachel Frederick

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown)

16. SOCIAL SECURITY NO.

17. INFORMANT

ADDRESS

Mrs. Margaret Smith - 2427 E. Federal St.

18. 5810 I

CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A)

Coronary thrombosis

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B)

DUE TO

(C)

INTERVAL BETWEEN
ONSET AND DEATH

11pm 24hr

II
OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

WHILE AT
WORK ☐NOT WHILE
AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 6 pm, 1952, to 2 April, 1953, that I last saw the deceased alive on 2 April, 1953, and that death occurred at 11pm m., from the causes and on the date stated above.

23A. SIGNATURE

23B. ADDRESS

23C. DATE SIGNED

M. D.

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

Burial

24B. DATE

4/6/53

24C. NAME OF CEMETERY OR CREMATORY

Parkwood Cem.

24D. LOCATION (City, town, or county)

Balto. Co., Md.

(State)

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

APR 3 - 1953

Huntington Williams, M.D.

J. J. Vickers & Sons

VS 150

210 91

Balto 17, Md.

MEDICAL CERTIFICATION

STATE OF TEXAS
DEPARTMENT OF HEALTH
BIRMINGHAM, ALABAMA

1911

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1911

**BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH**

Registered No. _____

BIRTH NO. _____

1. NAME OF DECEASED
(Type or Print)

ANDREW G. KARL

2. DATE
OF
DEATH

APRIL - 1, 1953

3. PLACE OF DEATH:

A. Baltimore City, Maryland BALTIMORE

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE MARYLAND B. COUNTY BALTIMORE

B. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR INSTITUTION

119 N. BELNORD AVE

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

BALTIMORE 6-02

C. Length of stay in Baltimore

62

D. STREET ADDRESS (If rural, give location)

119 N. BELNORD AVE.

5. SEX

M

6. COLOR OR RACE

W

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)

MARRIED

8. DATE OF BIRTH

SEPT. 8, 1890

9. AGE (In years last birthday)

62

10. Under 1 Year Months Days 11. Under 24 Hours Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

FIRE MAN

10B. KIND OF BUSINESS OR INDUSTRY

FIRE DEPARTMENT

11. BIRTHPLACE (State or foreign country)

MARYLAND

12. CITIZEN OF WHAT COUNTRY?

U.S.A.

13. FATHER'S NAME

GEORGE KARL

14. MOTHER'S MAIDEN NAME

MARGARITE KNOERLEIN

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)

No

16. SOCIAL SECURITY NO.

214-20-4596

17. INFORMANT

ADDRESS

MRS. CATHERINE KARL 119 N. BELNORD AVE

18. 420.1

CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH

(This does not mean the mode of dying, e. g., heart failure, asthma, etc. It means the disease, injury or complication which caused death.)

(A)

DUE TO

acute anterior coronary thrombosis

10 min

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B)

DUE TO

arteriosclerotic CVD

15 yr?

(C)

previous coronary thrombosis

12 yrs ago

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐

21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

WHILE AT WORK ☐ NOT WHILE AT WORK ☐

22. I hereby certify that I attended the deceased from Feb 1951, 1951, to April 1953, that I last saw the deceased alive on March 31, 1953, and that death occurred at 11:50 A.M., from the causes and on the date stated above.

23A. SIGNATURE

Barton V. Jock

23B. ADDRESS

2936 E Baltimore St

23C. DATE SIGNED

4/1/53

24A. BURIAL, CREMATION, REMOVAL (Specify)

BURIAL

24B. DATE

4-6-53

24C. NAME OF CEMETERY OR CREMATORY

HOLY Redeemer

24D. LOCATION (City, town, or county)

BALTIMORE Md.

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

Huntington Williams, M.D.

25. FUNERAL DIRECTOR

ADDRESS

B. DABROWSKI 2818 E BALTIMORE ST

APR 3 - 1953

VS 150

762 93

MEDICAL CERTIFICATION

THE UNIVERSITY OF CHICAGO
LIBRARY OF THE DIVISION OF THE PHYSICAL SCIENCES

[Faint, illegible handwritten text covering the majority of the page]

**BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH**

Registered No. _____

53 3297

BIRTH NO. _____

1. NAME OF DECEASED
(Type or Print)

Robert B. Lloyd

2. DATE
OF
DEATH

Apr. 2-1953

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location)

JOHNS HOPKINS HOSPITAL

4. USUAL RESIDENCE (Where deceased lived. If institution, residence before admission)

A. STATE *MD*

B. COUNTY

BALTO.

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Pikesville

D. STREET ADDRESS (If rural, give location)

1015 Windsor Road

c. Length of stay in Baltimore

5. SEX

male

6. COLOR OR RACE

white

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)

married

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Retired U.S. Postal Employee

10B. KIND OF BUSINESS OR INDUSTRY

U.S. Postal Employee

8. DATE OF BIRTH

6-30-82

9. AGE (In years last birthday)

70

If Under 1 Year Months: Days

If Under 24 Hours Hours: Min.

11. BIRTHPLACE (State or foreign country)

Baltimore

12. CITIZEN OF WHAT COUNTRY?

U.S.A.

13. FATHER'S NAME

Robert Reese Lloyd

14. MOTHER'S MAIDEN NAME

Annice Wright

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)

yes Spanish American 7-14-70-0375

16. SOCIAL SECURITY NO.

7-14-70-0375

17. INFORMANT

JOHNS HOPKINS HOSPITAL

ADDRESS

18. *420.1*

CAUSE OF DEATH

INTERVAL BETWEEN ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) *Acute myocardial infarction*

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B) *Hypertensive arteriosclerotic*
Cardiovascular Disease

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒

21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH

21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from *4-1-1953*, to *4-2-1953*, that I last saw the deceased alive on *4-2-1953*, and that death occurred at *12:45* m., from the causes and on the date stated above.

23A. SIGNATURE

Norman L. Shaver

23B. ADDRESS

JOHNS HOPKINS HOSPITAL

23C. DATE SIGNED

4-2-53

24A. BURIAL, CREMATION, REMOVAL (Specify)

Burial

24B. DATE

4-6-53

24C. NAME OF CEMETERY OR CREMATORY

London Park

24D. LOCATION (City, town, or county) (State)

Baltimore, Md.

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

Huntington Williams

25. FUNERAL DIRECTOR

Frank H. Jewell

ADDRESS

Pikesville, Md.

MEDICAL CERTIFICATION

STATE OF NEW YORK
DEPARTMENT OF HEALTH

OFFICE OF THE COMMISSIONER

ALBANY, N. Y.

1911

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300

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 53 3298

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

MABEL KEITH

2. DATE
OF
DEATH

4/2/53

3. PLACE OF DEATH:

A. Baltimore City, Maryland FRANKLIN SQUARE

B. FULL NAME OF
HOSPITAL OR
INSTITUTION

FRANKLIN SQUARE HOSP.

4. USUAL RESIDENCE (Where deceased lived. If institution: residence
before admission)

A. STATE PENN.

B. COUNTY

C. CITY OR TOWN (If outside corporate limits, write RURAL and give
township)

BALTIMORE MD. 20-06

D. STREET ADDRESS (If rural, give location)

2754 Wilkens Ave

Length of stay in Baltimore

21 yrs.

Yrs.
Mos.
Days

5. SEX

FEMALE

6. COLOR OR RACE

White

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

Widowed

8. DATE OF BIRTH

May 11, 1895

9. AGE (In years
last birthday)

57 yrs.

10. Under 1 Year
Months Days11. Under 24 Hours
Hours Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

House work

10B. KIND OF BUSINESS OR
INDUSTRY

at Home

11. BIRTHPLACE (State or foreign country)

PENNSYLVANIA

12. CITIZEN OF
WHAT COUNTRY?

U.S.A.

13. FATHER'S NAME

WILLIAM BROOKE

14. MOTHER'S MAIDEN NAME

MARGARET RYAN

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)

NO

16. SOCIAL
SECURITY NO.

NONE

17. INFORMANT

SON

ADDRESS

Same

18. 4 yrs. 1

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A) DUE TO

Congestive Heart failure

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B) DUE TO

arteriosclerosis

II

OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

(C)

Uremia

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☒ NO ☐21A. ACCIDENT, SUICIDE,
HOMICIDE (Specify)21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR? (If in Baltimore City, give exact location)21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

WHILE AT ☐ NOT WHILE ☐
WORK AT WORK22. I hereby certify that I attended the deceased from 3-24, 1953, 4-2, 1953, that I last saw the
deceased alive on 4-2, 1953, and that death occurred at 4:50 p.m., from the causes and on the date stated above.

23A. SIGNATURE

23B. ADDRESS

23C. DATE SIGNED

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county) (State)

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

APR 3-1953

Huntington Williams, M.D. John J. Cowan & Son Hollis

CERTIFICATE OF BIRTH

NO. 10472

STATE OF NEW YORK
COUNTY OF ALBANY
I, the undersigned, Clerk of the County of Albany, do hereby certify that the within and foregoing is a true and correct copy of the original record of the birth of the child of the within and foregoing parents, as the same appears from the records of the County of Albany, in the year of our Lord one thousand nine hundred and twenty-two.

WITNESSED my hand and the seal of the County of Albany, at Albany, New York, this 10th day of January, 1923.

JOHN J. COUGHLIN, Clerk of the County of Albany.

1923

53 3299

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH53 3299
Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Gabrielle Mayer

2. DATE
OF
DEATH

April 2, 1953

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF
HOSPITAL OR
INSTITUTION (If not in hospital or institution, give street address or location)

3230 Montebello Terrace

4. USUAL RESIDENCE (Where deceased lived, If institution: residence before admission)

A. STATE

Maryland

B. COUNTY

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Baltimore

D. STREET ADDRESS (If rural, give location)

3230 Montebello Terrace

c. Length of stay in Baltimore

Yrs.
Mos.
Days

5. SEX

female

6. COLOR OR RACE

white

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

widowed

8. DATE OF BIRTH

Nov. 4, 1862

9. AGE (In years
last birthday)

90

If Under 1 Year
Months: DaysIf Under 24 Hours
Hours: Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

at home

10B. KIND OF BUSINESS OR
INDUSTRY

11. BIRTHPLACE (State or foreign country)

New York, New York

12. CITIZEN OF
WHAT COUNTRY?

13. FATHER'S NAME

Angelo Grossi

14. MOTHER'S MAIDEN NAME

Pauline Martinetti

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown)

(If yes, give war or dates of service)

16. SOCIAL
SECURITY NO.

17. INFORMANT

ADDRESS Terrace

Mr. Fred. A. Leslie, 3230 Montebello

18. 422.2

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A) DUE TO

Myocardial infarction?

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B) DUE TO

Bronchitis

(C) DUE TO

Stasis due to decompensation

II
OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

Extreme old age 94yr.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour)
INJURY

21E. INJURY OCCURRED

WHILE AT ☐ NOT WHILE ☐
WORK AT WORK

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 1 Month, 1953 to 2 April, 1953, that I last saw the
deceased alive on 1 April, 1953, and that death occurred at 6 A. m., from the causes and on the date stated above.

23A. SIGNATURE

23B. ADDRESS

23C. DATE SIGNED

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county) (State)

Burial

4/6/53

Loudon Park Cemetery

Baltimore, Maryland

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

24E. FUNERAL DIRECTOR

ADDRESS

APR 3 - 1953

Huntington Williams, M.D.

Leonard J. Ruck, 5305 Harford Road.

Dr. Nichols
4711 Roland Av.
7 P.M. Appt.

53 3300

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

53 3300

Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)*George C. Smith*2. DATE
OF
DEATH*3-31-53*

3. PLACE OF DEATH:

A. Baltimore City, Maryland

*Balto*B. FULL NAME OF
HOSPITAL OR
INSTITUTION*2927 Eastern Ave*4. USUAL RESIDENCE (Where deceased lived. If institution: residence
before admission)

A. STATE

B. COUNTY

Md

C. CITY OR TOWN

(If outside corporate limits, write RURAL and give town/ship)

Balto - Md 1-02

D. STREET ADDRESS (If rural, give location)

2927 Eastern Ave

C. Length of stay in Baltimore

Life

5. SEX

6. COLOR OR RACE

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)*M.**N.**Widowed*

8. DATE OF BIRTH

*11-8-78*9. AGE (In years
last birthday)*74*If Under 1 Year
Months DaysIf Under 24 Hours
Hours Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)*Painter*10B. KIND OF BUSINESS OR
INDUSTRY*U.S. Coast Guard*

11. BIRTHPLACE (State or foreign country)

*Baltimore*12. CITIZEN OF
WHAT COUNTRY?*U.S.A.*

13. FATHER'S NAME

Charles Smith

14. MOTHER'S MAIDEN NAME

*Margaret ?*15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)16. SOCIAL
SECURITY NO.

17. INFORMANT

ADDRESS

*Madeline Adams - Same*18. *157X I*

CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e.g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A) DUE TO

*Carcinoma Lead of
pancreas*

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B) DUE TO

*Generalized arteriosclerosis
Chronic Myocarditis*

(C)

INTERVAL BETWEEN
ONSET AND DEATH*2 wks.*II
OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH21B. PLACE OF INJURY (e.g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

WHILE AT ☐ NOT WHILE ☐
WORK AT WORK22. I hereby certify that I attended the deceased from *2/24/53*, 19*53*, to *4/1/53*, 19*53*, that I last saw the
deceased alive on *4/1/53*, 19*53*, and that death occurred at *5:10 P.M.*, from the causes and on the date stated above.

23A. SIGNATURE

23B. ADDRESS

23C. DATE SIGNED

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county)

(State)

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

*Burial**4-4-53**Holy Redeemer**Balto - Md**APR 3- 1953**Huntington Williams, M.D. & Zeller ch - 403 S.**56491 / welp st.*

VS 150

MEDICAL CERTIFICATION

CERTIFICATE OF DEATH

DEPARTMENT OF HEALTH

10-10

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MAF/ 164935

62-9
53 3301BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH53 3301
Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Charles Richard Harris

2. DATE
OF
DEATH

Apr. 2, 1953

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence

A. STATE

Maryland

B. COUNTY

before admission)

B. FULL NAME OF (If not in hospital or institution, give street address or
HOSPITAL OR location)
INSTITUTION

Baltimore City Hospitals

4940 Eastern Avenue

C. CITY OR TOWN (If outside corporate limits, write RURAL and give
Baltimore township)

D. STREET ADDRESS (If rural, give location)

3357 Chestnut Ave.

C. Length of stay in Baltimore

45 yrs.

Yrs.
Mos.
Days

5. SEX

Male

6. COLOR OR RACE

White

7. SINGLE, MARRIED,

WIDOWED, DIVORCED (Specify)

Divorced

8. DATE OF BIRTH

Jan. 25, 1871

9. AGE (In years

last birthday)

82

If Under 1 Year

Months: Days

If Under 24 Hours

Hours: Min.

10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

Ret. Carpenter

10B. KIND OF BUSINESS OR
INDUSTRY

11. BIRTHPLACE (State or foreign country)

Maryland

12. CITIZEN OF
WHAT COUNTRY?

13. FATHER'S NAME

Charles R. Harris

14. MOTHER'S MAIDEN NAME

?

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown)

(If yes, give war or dates of service)

16. SOCIAL
SECURITY NO.

17. INFORMANT

ADDRESS

B. C. H. 4940 Eastern Ave. (records)

18.

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

Metastatic Carcinoma, Lungs, Vertebrae

(A)

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B)

Bony Pelvis

DUE TO

Carcinoma, Prostate

(C)

II

OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

Unresolved Pneumonia

19A. DATE OF OPERATION

Nov. 14, 1952

19B. MAJOR FINDINGS OF OPERATION

Inguinal hernia

20. AUTOPSY?

YES ☒ NO ☐21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

WHILE AT
WORK ☐NOT WHILE
AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 11-13, 1952, to 4-2, 1953, that I last saw the
deceased alive on 4-2, 1953, and that death occurred at 2:30A m., from the causes and on the date stated above.

23A. SIGNATURE

H. G. H. H. H.

M. D.

4940 Eastern Ave., Balto., Md.

23C. DATE SIGNED

4-2-53

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

Burial

24B. DATE

4/4/53

24C. NAME OF CEMETERY OR CREMATORY

Moreland Park

24D. LOCATION (City, town, or county) (State)

Parkville Md

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

Huntington Williams, M.D.

25. FUNERAL DIRECTOR

ADDRESS

Wm Cook Inc. 1217 St. Paul St.

APR 3-1953

CERTIFICATE OF DEATH

Name of Deceased		Date of Birth	
Sex		Race	
Marital Status		Place of Birth	
Occupation		Cause of Death	
Date of Death		Time of Death	
Place of Death		Signature of Physician	
Signature of Registrar		Signature of Coroner	

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

M-245
53 3302BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 53 3302

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Roly Mcclanahan

2. DATE
OF
DEATH

4/2/53

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence
before admission)

A. STATE Md.

B. COUNTY

township

B. FULL NAME OF (If not in hospital or institution, give street address or
HOSPITAL OR location)
INSTITUTION

Mercy Hospital

C. CITY OR TOWN (If outside corporate limits, write RURAL and give
township)

Baltimore

12-03

D. STREET ADDRESS (If rural, give location)

2801 St Paul Street

C. Length of stay in Baltimore

Yrs.
Mos.
Days

5. SEX

M

6. COLOR OR RACE

W

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

M

8. DATE OF BIRTH

12/21/1897

9. AGE (In years
last birthday)

55

10 Under 1 Year
Months Days11 Under 24 Hours
Hours Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

Checker

10B. KIND OF BUSINESS OR
INDUSTRY

So. Cooperative Milk

11. BIRTHPLACE (State or foreign country)

Texas

12. CITIZEN OF
WHAT COUNTRY?

13. FATHER'S NAME

D. P. McClanahan

14. MOTHER'S MAIDEN NAME

Mamie Pace

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)

No

16. SOCIAL
SECURITY NO.17. INFORMANT
Sybil McClanahan 2801 St Paul St

18. 420.1

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g.,
heart failure, asphyxia, etc. It means the disease,
injury or complication which caused death.)

(A) Coronary Artery Sclerosis

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B)

DUE TO

(C)

II
OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☒ NO ☐21A. EXTERNAL CAUSE WAS
UNDERLYING ☐ OR CONTRIB-
UTING ☐ CAUSE OF DEATH.21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR? (If in Baltimore City, give exact location)21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY21E. INJURY OCCURRED
WHILE AT ☐ NOT WHILE ☐
WORK AT

21F. HOW DID INJURY OCCUR?

22. I certify that I took charge of the remains described above, held an AUTOPSY thereon and from
Autopsy, Inspection or Inquiry
the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above,
and death in my opinion resulted from: natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐.

23A. SIGNATURE

R. E. Fisher

M.D.

23B. CHIEF MEDICAL EXAMINER ☒
ASSISTANT MEDICAL EXAMINER ☐
MEDICAL INVESTIGATOR ☐

23C. DATE SIGNED

4/3/53

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

Burial

24B. DATE

4/3/53

24C. NAME OF CEMETERY OR CREMATORY

Mt. Zion Cem

24D. LOCATION (City, town, or county)

Newland North Carolina

DATE RECEIVED BY
LOCAL REGISTRAR

APR 3-1953

REGISTRAR'S SIGNATURE

Huntington Williams M.D.

25. FUNERAL DIRECTOR

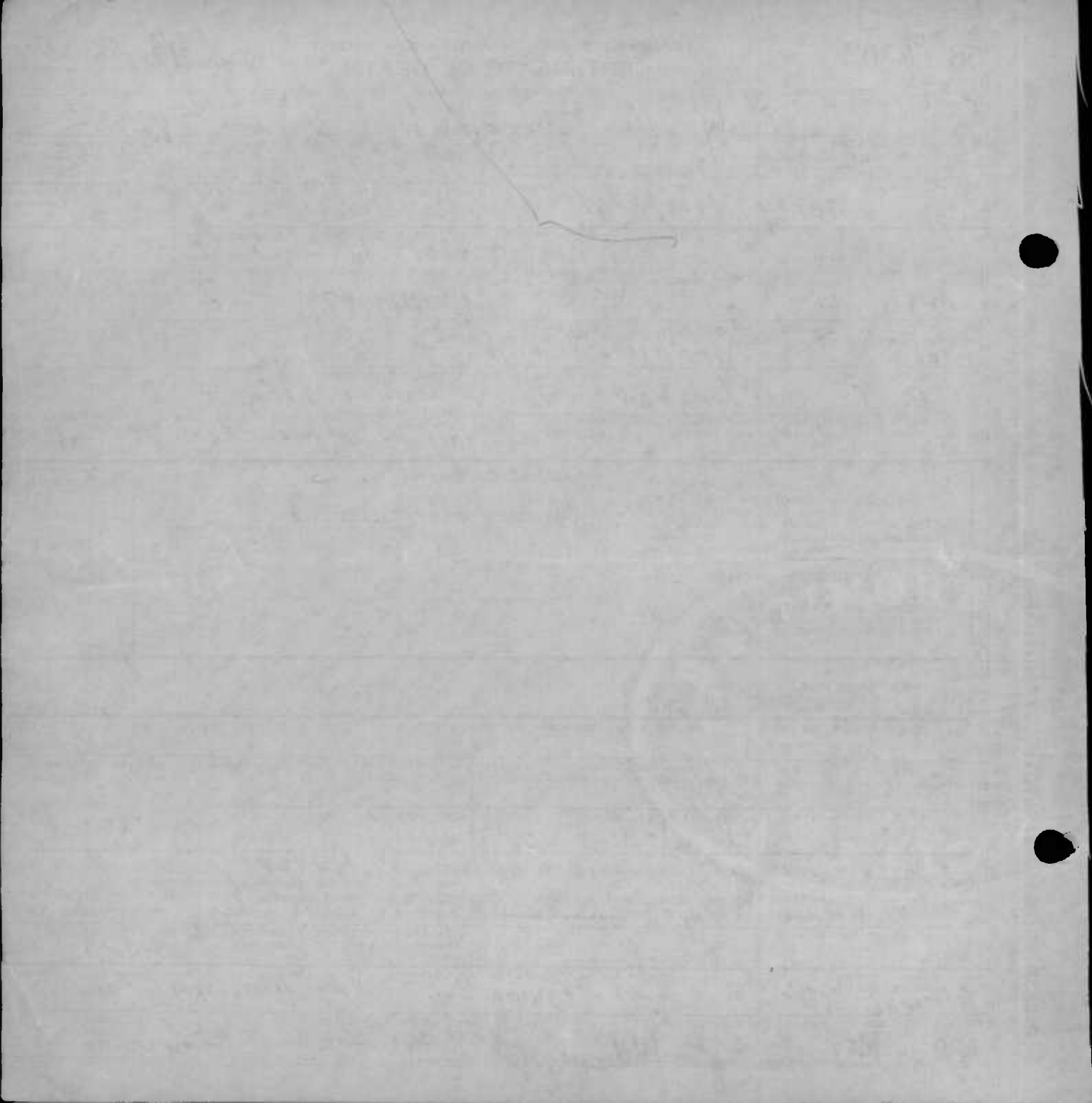
Wm. C. G. Inc.

ADDRESS

Baltimore

VS 151

3984E



362
53 3303BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH53 3303
Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

WILLIAM DAUTERICH

2. DATE
OF
DEATH

APRIL 1, 1953

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR INSTITUTE 62 S. MONASTERY AVE.4. USUAL RESIDENCE (Where deceased lived, If institution: residence before admission)
A. STATE BALTO - MD. B. COUNTYC. CITY OR TOWN (If outside corporate limits, write RURAL and give township)
BALTIMORE 20-07C. Length of stay in Baltimore 94 yrs.
Yrs.
Mos.
DaysD. STREET ADDRESS (If rural, give location)
62 S. MONASTERY AVE.

5. SEX MALE 6. COLOR OR RACE White 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Widowed

8. DATE OF BIRTH

5-21-1859

9. AGE (In years last birthday) 93

If Under 1 Year Months Days If Under 24 Hours Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

10B. KIND OF BUSINESS OR INDUSTRY
CITY EMPLOYED11. BIRTHPLACE (State or foreign country)
BALTO MD.12. CITIZEN OF WHAT COUNTRY?
U. S. A.

13. FATHER'S NAME

HENRY DAUTERICH

14. MOTHER'S MAIDEN NAME

EMMA C (UNKNOWN)

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (If yes, give war or dates of service)
Yes, no or unknown

16. SOCIAL SECURITY NO.

17. INFORMANT

Louise Fischer 62 S. MONASTERY AVE.

18. 462.1

CAUSE OF DEATH

INTERVAL BETWEEN ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A)

DUE TO

Rupture Esophagus Vena

3 days

ANTECEDENT CAUSES

(B)

DUE TO

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(C)

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐21A. ACCIDENT WAS UNDER- LYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

m. WHILE AT ☐ WORK NOT WHILE ☐ AT WORK

22. I hereby certify that I attended the deceased from Oct 1952, 1952 to April 1, 1953 that I last saw the deceased alive on 3/29, 1953 and that death occurred at 40 m., from the causes and on the date stated above.

23A. SIGNATURE

J. McCallister M. O.

23B. ADDRESS

3321 Fred Ave

23C. DATE SIGNED

4/2/53

24A. BURIAL, CREMATION, REMOVAL (Specify)

24B. DATE

April 4, 1953

24C. NAME OF CEMETERY OR CREMATORY

Loudon Park

24D. LOCATION (City, town, or county)

BALTO. MD.

(State)

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

Huntington Williams, M.D.

25. FUNERAL DIRECTOR

J. G. Freeman

ADDRESS

3512 Frederick St

526

53 3304

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH53 3304
Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

JOHN H. SCHUHMACHER

2. DATE
OF
DEATH

APRIL 3 1953

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR INSTITUTE 347 S. Farrow St.

C. Length of stay in Baltimore 53 yrs.

Yrs.
Mos.
Days

5. SEX

Male

6. COLOR OR RACE

White

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

MARRIED

8. DATE OF BIRTH

12-17-1899

9. AGE (In years
last birthday)

53

If Under 1 Year Months: Days

If Under 24 Hours Hours: Min.

10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

Plumber

10B. KIND OF BUSINESS OR
INDUSTRY

11. BIRTHPLACE (State or foreign country)

BALTO. MD.

12. CITIZEN OF
WHAT COUNTRY?

U. S. A.

13. FATHER'S NAME

PHILIP G. SCHUHMACHER

14. MOTHER'S MAIDEN NAME

DORA M. KIEFER

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)

No

16. SOCIAL
SECURITY NO.

215-03-1890

17. INFORMANT

Dorothy HOGARTY 2567 N. FAIRMOUNT AVE.

18.

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A)

DUE TO

ANTECEDENT CAUSES

(B)

DUE TO

(C)

OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID (If in Baltimore City, give exact location)
INJURY OCCUR?21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

m.

WHILE AT ☐ WORKNOT WHILE ☐ AT WORK

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 241, 1949 to 4/3/53, that I last saw the
deceased alive on 2/21/53, 1953, and that death occurred at m., from the causes and on the date stated above.

23A. SIGNATURE

23B. ADDRESS

23C. DATE SIGNED

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county)

(State)

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

APR 3-1953

Huntington Williams, M.D. 3512 Frederick Ave.

57424

CERTIFICATE OF DEATH

ISSUED BY THE HEALTH DEPARTMENT

1911

1911

1911



53 3305

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH53 3305
Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

EDITH Johnson

2. DATE
OF
DEATH

4/2/53

3. PLACE OF DEATH:

A. Baltimore City, Maryland

BALTIMORE City Md

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE

B. COUNTY

B. FULL NAME OF HOSPITAL OR INSTITUTION

Provident Hosp.

C. CITY OR TOWN (If outside corporate limits write RURAL and give township)

Baltimore Maryland

D. STREET ADDRESS (If rural, give location)

1307 MADISON AVE

c. Length of stay in Baltimore

life time

Yrs.
Mos.
Days

5. SEX

Female

6. COLOR OR RACE

Negro

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)

MARRIED

8. DATE OF BIRTH

July 26, 1887

9. AGE (In years last birthday)

66

11 Under 1 Year
Months Days11 Under 24 Hours
Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

CLERK

10B. KIND OF BUSINESS OR INDUSTRY

Life Insurance

11. BIRTHPLACE (State or foreign country)

Baltimore, Maryland

12. CITIZEN OF WHAT COUNTRY?

USA

13. FATHER'S NAME

HARRY O. Wilson

14. MOTHER'S MAIDEN NAME

FRANNIE O'NEIL

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)

No

16. SOCIAL SECURITY NO.

212-03-0310

17. INFORMANT

(Husband)

ADDRESS

Arthur h. Johnson, Jr. 1307 Madison Ave

18.

443x I

CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH

(This does not mean the mode of dying, e. g., heart failure, asphyxia, etc. It means the disease, injury or complication which caused death.)

(A)

DUE TO

Hypertensive Cardio-vascular Disease

ANTECEDENT CAUSES

(B)

DUE TO

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(C)

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

INTERVAL BETWEEN ONSET AND DEATH

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐NO ☒21A. EXTERNAL CAUSE WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH.

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED

m.

WHILE AT WORK ☐NOT WHILE AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I certify that I took charge of the remains described above, held an Inspection thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐.

23A. SIGNATURE

R. Fisher

23B. CHIEF MEDICAL EXAMINER ☒ ASSISTANT MEDICAL EXAMINER ☐

M.D.

23C. DATE SIGNED

4/3/53

24A. BURIAL, CREMATION, REMOVAL (Specify)

Burial

24B. DATE

April 7, 1953

24C. NAME OF CEMETERY OR CREMATORY

Arbutus Cemetery

24D. LOCATION (City, town, or county)

Arbutus, Md.

DATE RECEIVED BY LOCAL REGISTRAR

APR 3 - 1953

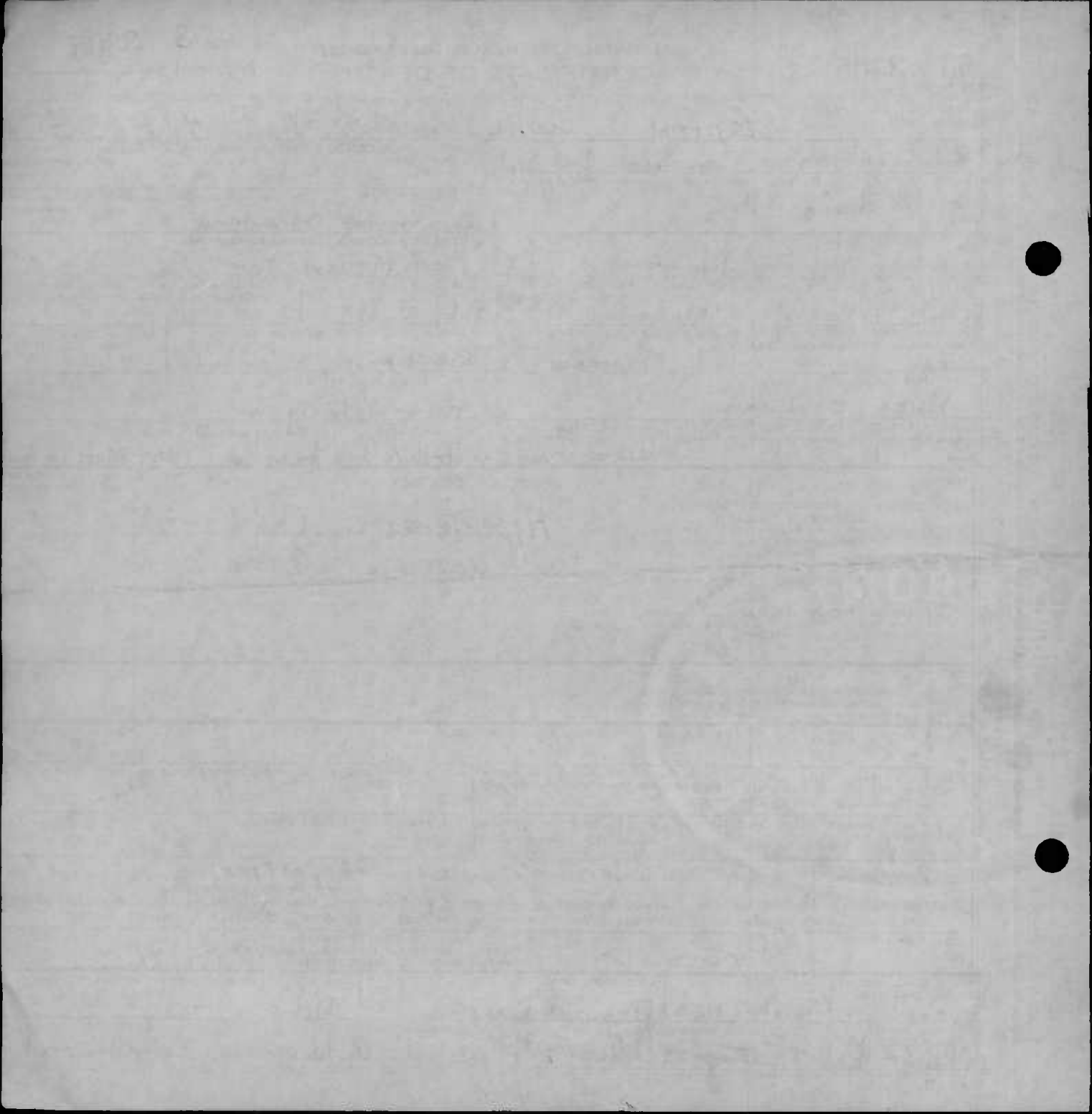
REGISTRAR'S SIGNATURE

Huntington Williams, M.D.

25. FUNERAL DIRECTOR

Sewer A. Henry, Camb. Md.

ADDRESS



412
53 3306BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

53 3306

Registered No.

BIRTH NO.

1. NAME OF DECEASED (Type or Print) Charles Leroy Albiker		2. DATE OF DEATH March 31, 1953	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Md. B. COUNTY	
B. FULL NAME OF HOSPITAL OR INSTITUTION 332 S. Mount St.		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore 20-03	
C. Length of stay in Baltimore Life		D. STREET ADDRESS (If rural, give location) 1931 Wilhelm St.	
5. SEX M	6. COLOR OR RACE W	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH Aug. 27, 1910
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10B. KIND OF BUSINESS OR INDUSTRY	9. AGE (in years last birthday) 42
11. BIRTHPLACE (State or foreign country)		12. CITIZEN OF WHAT COUNTRY?	
13. FATHER'S NAME Charles C. Albiker		14. MOTHER'S MAIDEN NAME Mary A. Albiker	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (If yes, give war or dates of service) Yes, no or unknown		16. SOCIAL SECURITY NO.	17. INFORMANT ADDRESS Alberta C. Albiker 1931 Wilhelm St.
18. CAUSE OF DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthma, etc. It means the disease, injury or complication which caused death.) Coronary Thrombosis (Posterior) DUE TO INTERVAL BETWEEN ONSET AND DEATH few minutes Previous attack 11/25/52 ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. DUE TO OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.			
19A. DATE OF OPERATION 9		19B. MAJOR FINDINGS OF OPERATION	
20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>			
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)		21D. TIME (Month) (Day) (Year) (Hour) OF INJURY	
21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from Novem. 25, 1952, to March 31, 1953 that I last saw the deceased alive on Mar. 31, 1953, and that death occurred at 1:15P. m., from the causes and on the date stated above.			
23A. SIGNATURE [Signature]		23B. ADDRESS 4136 Edmondson Avenue	
23C. DATE SIGNED Apr. 2, 1953			
24A. BURIAL, CREMATION, REMOVAL (Specify) Burial		24B. DATE April 4, 1953	
24C. NAME OF CEMETERY OR CREMATORY St. Pauls		24D. LOCATION (City, town, or county) (State) Violetsville	
DATE RECEIVED BY LOCAL REGISTRAR APR 3 - 1953		REGISTRAR'S SIGNATURE Huntington Williams, M.D.	
25. FUNERAL DIRECTOR Fred A. [Signature]		ADDRESS 1913 W. Bolton St.	

Handwritten signature: *Handwritten signature*

-160
53 3307BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH53 3307
Registered No.

BIRTH NO.		1. NAME OF DECEASED (Type or Print) Charles J. Scheper		2. DATE OF DEATH April 3, 1953	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived, If institution: residence before admission) A. STATE Md. B. COUNTY			
B. FULL NAME OF HOSPITAL OR INSTITUTION St. Joseph's Hospital 1400 N. Caroline St.		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore			
C. Length of stay in Baltimore life		D. STREET ADDRESS (If rural, give location) 2604 McElderry St.			
5. SEX Male	6. COLOR OR RACE White	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH July 4, 1910	9. AGE (In years last birthday) 42	10. Under 1 Year Months: Days
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Laundry Salesman		10B. KIND OF BUSINESS OR INDUSTRY Lord Balto. Laundry		11. BIRTHPLACE (State or foreign country) Baltimore	
12. CITIZEN OF WHAT COUNTRY? USA		13. FATHER'S NAME Charles J. Scheper			
14. MOTHER'S MAIDEN NAME Minnie Louise Rieselman		15. WAS DECEASED EVER IN U. S. ARMED FORCES? (If yes, give war or dates of service) no			
16. SOCIAL SECURITY NO.		17. INFORMANT ADDRESS Mrs. Margaret Guy Scheper, wife, above			
18. 447X DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) Hypertensive CVD DUE TO ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. Congestive Heart Failure Nephrosclerosis		INTERVAL BETWEEN ONSET AND DEATH			
19A. DATE OF OPERATION		19B. MAJOR FINDINGS OF OPERATION			
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH			
21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)			
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT <input type="checkbox"/> WORK NOT WHILE AT WORK <input type="checkbox"/>			
21F. HOW DID INJURY OCCUR?		22. I hereby certify that I attended the deceased from March 21, 1953 to April 3, 1953 , that I last saw the deceased alive on April 3, 1953 , and that death occurred at 5:05 AM , from the causes and on the date stated above.			
23A. SIGNATURE Joseph A. Knell, Jr.		23B. ADDRESS 1400 N. Caroline St.		23C. DATE SIGNED April 3, '53	
24A. BURIAL, CREMATION, REMOVAL (Specify) Burial		24B. DATE Apr. 7, 1953		24C. NAME OF CEMETERY OR CREMATORY Holy Redeemer Cemetery	
24D. LOCATION (City, town, or county) (State) Belair Rd., Baltimore, Md.		25. FUNERAL DIRECTOR ADDRESS Schimunek Funeral Home, Inc. 2601-3-5 E. Madison St.			

DEPARTMENT OF JUSTICE FEDERAL BUREAU OF INVESTIGATION WASHINGTON, D. C. 20535

NAME OF DECEASED [REDACTED]		DATE OF DEATH [REDACTED]	
PLACE OF DEATH [REDACTED]		CAUSE OF DEATH [REDACTED]	
OCCUPATION [REDACTED]		MANNER OF DEATH [REDACTED]	
RESIDENCE [REDACTED]		WHERE FOUND [REDACTED]	
MARITAL STATUS [REDACTED]		EDUCATION [REDACTED]	
BIRTH DATE [REDACTED]		BIRTH PLACE [REDACTED]	
PARENTS [REDACTED]		SIBLINGS [REDACTED]	
SOCIAL SECURITY NUMBER [REDACTED]		EMPLOYER [REDACTED]	
MILITARY SERVICE [REDACTED]		CRIMINAL RECORD [REDACTED]	
OTHER INFORMATION [REDACTED]		INVESTIGATOR [REDACTED]	

53 3308

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

53 3308

Registered No.

1. NAME OF DECEASED
(Type or Print)

Samuel

Schepf 635-496

2. DATE
OF
DEATH

APR 1 - 1953

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR
INSTITUTION

JOHNS HOPKINS HOSPITAL

4. USUAL RESIDENCE (Where deceased lived, if institution: residence

A. STATE

B. COUNTY

before admission)

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Md.
Baltimore

7-01

D. STREET ADDRESS (If rural, give location)

917 N. Streeper St.

C. Month of stay in Baltimore

Yrs.
Mos.
Days

5. SEX

male

6. COLOR OR RACE

white

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

married

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Steam Fireman

10B. KIND OF BUSINESS OR INDUSTRY

National Distillers

8. DATE OF BIRTH

Sept. 1, 1879

9. AGE (In years last birthday)

73

11 Under 1 Year Months: Days

If Under 24 Hours Hours: Min.

11. BIRTHPLACE (State or foreign country)

Baltimore, Md.

12. CITIZEN OF WHAT COUNTRY?

U.S.A.

13. FATHER'S NAME

unknown

14. MOTHER'S MAIDEN NAME

unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)

no

16. SOCIAL SECURITY NO.
216-01-4335

17. INFORMANT

JOHNS HOPKINS HOSPITAL

ADDRESS

18.

CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH

(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A)

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B)

DUE TO

(C)

Infarction of Heart

2 days

Coronary Thrombosis

3 days

Arteriosclerosis

years

INTERVAL BETWEEN ONSET AND DEATH

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH

21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED

m.

WHILE AT WORK ☐NOT WHILE AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 3-30-1953 to 4-1-1953 that I last saw the deceased alive on 4-1-1953 and that death occurred at 12 midn., from the causes and on the date stated above.

23A. SIGNATURE

David Lukens

23B. ADDRESS

JOHNS HOPKINS HOSPITAL

23C. DATE SIGNED

24A. BURIAL, CREMATION, REMOVAL (Specify)

Burial

24B. DATE

Apr. 6, 1953

24C. NAME OF CEMETERY OR CREMATORY

Oak Lawn Cemetery

24D. LOCATION (City, town, or county)

Baltimore, Md.

(State)

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

Huntington Williams, M.D.

25. FUNERAL DIRECTOR

Schimunek Funeral Home, Inc.
2601-3-5 E. Madison St.

ADDRESS

VS 150

690 46

CERTIFICATE OF DEATH

STATE OF NEW YORK

ALBANY

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D-300
3309BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 53 3309

BIRTH NO.		1. NAME OF DECEASED (Type or Print) Lillian AMELIA DYOTT		2. DATE OF DEATH April 1, 1953	
3. PLACE OF DEATH: A. Baltimore City, Maryland 1738 Harford Avenue		4. USUAL RESIDENCE (Where deceased lived, if institution: residence before admission) A. STATE Maryland B. COUNTY			
B. FULL NAME OF HOSPITAL OR INSTITUTION Baltimore City Morgue		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore			
c. Length of stay in Baltimore 45 Yrs.		D. STREET ADDRESS (If rural, give location) 1738 Harford Avenue			
5. SEX Female	6. COLOR OR RACE White	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Widowed	8. DATE OF BIRTH 3-30-1890	9. AGE (In years last birthday) 63	If Under 1 Year Months: Days: Hours: Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10B. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) New York	
13. FATHER'S NAME Joseph Brovey		14. MOTHER'S MAIDEN NAME Lille McGuire		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) No		16. SOCIAL SECURITY NO. ?		17. INFORMANT Mrs. James L. Sherwood-401 Oak Forest Ave. Balto. Md.	
18. 443x		CAUSE OF DEATH			
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)		(A) Myocardial failure DUE TO Hypertensive cardiovascular disease			
ANTECEDENT CAUSES		(B)			
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.		DUE TO			
(C)					
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.					
19A. DATE OF OPERATION		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21A. EXTERNAL CAUSE WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH.		21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT <input type="checkbox"/> WORK NOT WHILE <input type="checkbox"/> AT WORK		21F. HOW DID INJURY OCCUR?	
22. I certify that I took charge of the remains described above, held an inspection & inquiry thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: <input checked="" type="checkbox"/> natural causes <input type="checkbox"/> accident <input type="checkbox"/> suicide <input type="checkbox"/> homicide <input type="checkbox"/> undetermined <input type="checkbox"/> .					
23A. SIGNATURE R. Fisher		23B. CHIEF MEDICAL EXAMINER..... <input checked="" type="checkbox"/> ASSISTANT MEDICAL EXAMINER..... <input type="checkbox"/> M.D. MEDICAL INVESTIGATOR		23C. DATE SIGNED April 2, 1953	
24A. BURIAL, CREMATION, REMOVAL (Specify) Burial		24B. DATE 4-4-1953		24C. NAME OF CEMETERY OR CREMATORY Woodlawn Cemetery	
DATE RECEIVED BY LOCAL REGISTRAR APR 4-1953		REGISTRAR'S SIGNATURE Thurston Williams, M.D.		25. FUNERAL DIRECTOR George J. Ruth, Inc.-1735 Harford Avenue	
24D. LOCATION (City, town, or county) (State) Woodlawn, Balto. Co. Md.					

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242
53 3310BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 53 3310

BIRTH NO.

1. NAME OF DECEASED (Type or Print) <i>Sarah McLaughlin</i>			2. DATE OF DEATH <i>March 31, 1953</i>		
3. PLACE OF DEATH: A. Baltimore City, Maryland <i>Balto Md.</i>			4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE <i>Md.</i> B. COUNTY <i>24-01</i>		
B. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION <i>1313 Hull St.</i>			C. CITY OR TOWN (If outside corporate limits, give RURAL and give township) <i>Balto</i>		
C. Length of stay in Baltimore Yrs. <i>13/3</i> Mos. <i>Hull St.</i> Days			D. STREET ADDRESS (If rural, give location) <i>1313 Hull St.</i>		
5. SEX <i>Female</i>	6. COLOR OR RACE <i>White</i>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <i>widowed</i>	8. DATE OF BIRTH <i>March 21</i>	9. AGE (In years last birthday) <i>31</i>	If Under 1 Year Months: Days: If Under 24 Hours Hours: Min.
10. USUAL OCCUPATION (Give kind of work done during most of working life even if retired) <i>housewife</i>			11. BIRTHPLACE (State or foreign country) <i>Maryland</i>		12. CITIZEN OF WHAT COUNTRY? <i>Unknown</i>
13. FATHER'S NAME <i>Michael Hart</i>			14. MOTHER'S MAIDEN NAME <i>Unknown</i>		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)			16. SOCIAL SECURITY NO. <i>Mr. Michael Hart, 13376 Chestnut St.</i>		

CAUSE OF DEATH

18. <i>585X and 260X</i> DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) <i>Coronary Heart Disease</i>	INTERVAL BETWEEN ONSET AND DEATH <i>3 days</i>
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. <i>Acute Cholecystitis</i>	<i>3 days</i>
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. <i>sl. edema</i>	<i>2 year</i>

19A. DATE OF OPERATION	19B. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>
21A. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH	21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY	21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from *June 1950* to *March 31, 1953* that I last saw the deceased alive on *2/29/53* and that death occurred at *2 P.m.*, from the causes and on the date stated above.

23A. SIGNATURE *Dr. Isaac Miller MD* M. D. 23B. ADDRESS *1225 Charles St* 23C. DATE SIGNED *3/31/53*

24A. BURIAL, CREMATION, REMOVAL (Specify) *Burial* 24B. DATE *Apr. 4, 1953* 24C. NAME OF CEMETERY OR CREMATORY *New Cathedral* 24D. LOCATION (City, town or county) (State) *Balto Md.*

DATE RECEIVED BY LOCAL REGISTRAR *APR 4 - 1953* REGISTRAR'S SIGNATURE *Huntington Williams, M.D.* 25. FUNERAL DIRECTOR *Charles Dill* ADDRESS *15016 Fort Ave.*

[Faint, illegible handwriting throughout the page]

-550
53 3311

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

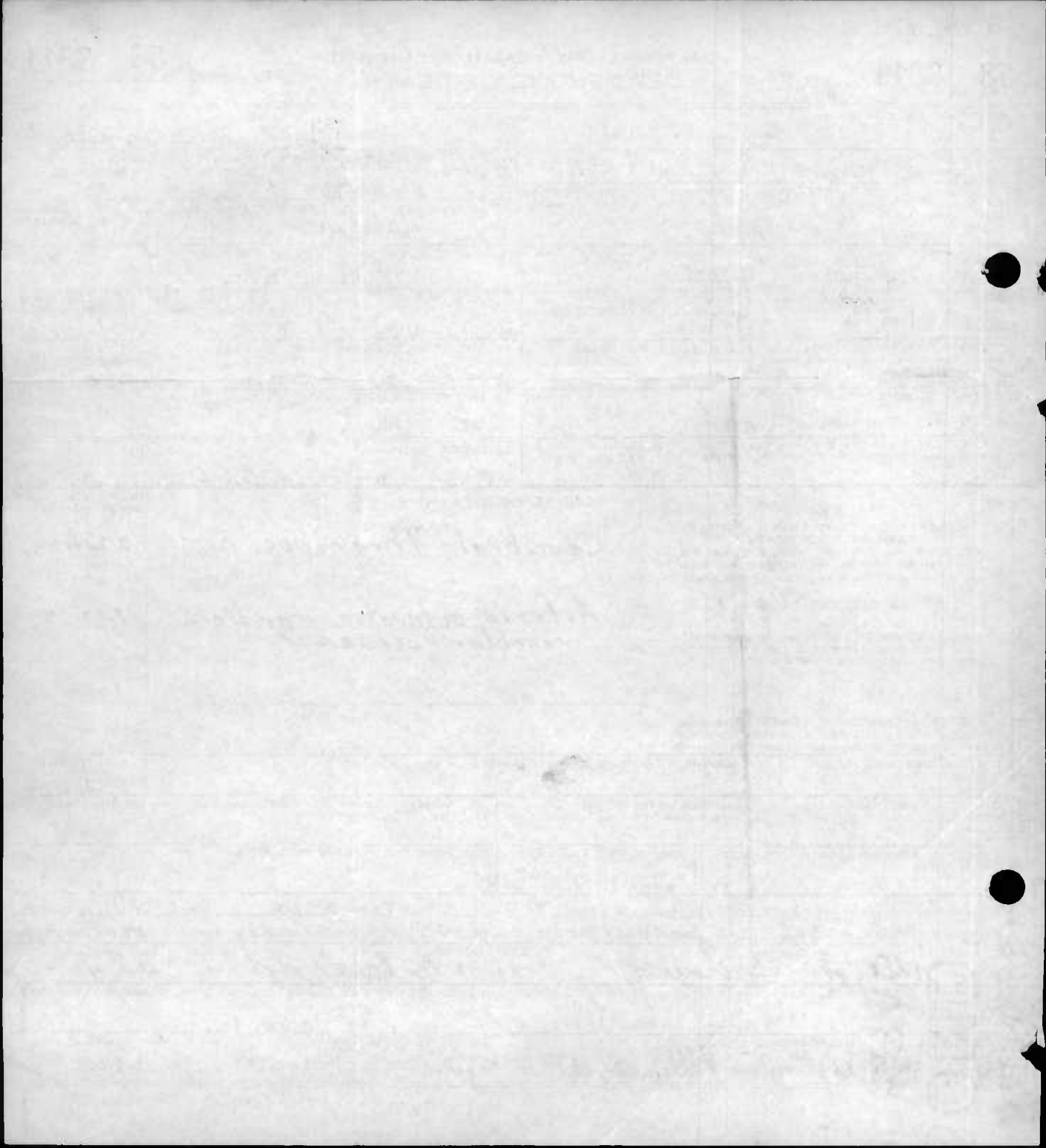
53 3311
Registered No.

1. NAME OF DECEASED (Type or Print)		LOUISA W. NAUMAN		2. DATE OF DEATH March 30, 1953	
3. PLACE OF DEATH: A. Baltimore City, Maryland 1004 Aisquith St.,		4. USUAL RESIDENCE (Where deceased lived. If institution: residence) A. STATE Maryland B. COUNTY before admission)			
B. FULL NAME OF HOSPITAL OR INSTITUTION		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore 10-01			
Length of stay in Baltimore Lifetime		D. STREET ADDRESS (If rural, give location) 1004 Aisquith St.			
5. SEX Female	6. COLOR OR RACE White	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Widowed	8. DATE OF BIRTH July 9, 1882	9. AGE (In years, last birthday) 70	10. Under 1 Year Months: Days: Hours: Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) At home		10B. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) Baltimore, Md.	
12. CITIZEN OF WHAT COUNTRY? U.S.A.		13. FATHER'S NAME John G. Stadelmeier		14. MOTHER'S MAIDEN NAME Henrietta Nolte	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) No.		16. SOCIAL SECURITY NO. None		17. INFORMANT ADDRESS Miss Volora Nauman 1004 Aisquith St.	
18. 4 yrs. 1		CAUSE OF DEATH			
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)		(A) Cerebral Thrombosis		INTERVAL BETWEEN ONSET AND DEATH 22 hrs.	
DUE TO		(B) Arterio-sclerotic cardio-vascular disease		7-7-51	
DUE TO		(C)			
ANTECEDENT CAUSES					
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.					
II					
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.					
19A. DATE OF OPERATION		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from 7-7-1951, to 3-30-1953, that I last saw the deceased alive on 3-30-1953 and that death occurred at 10 P. m., from the causes and on the date stated above.					
23A. SIGNATURE Milton C. Coney		23B. ADDRESS M. O. 2117 Belair Rd		23C. DATE SIGNED 4-4-53	
24A. BURIAL, CREMATION, REMOVAL (Specify) Burial		24B. DATE April 4, 1953		24C. NAME OF CEMETERY OR CREMATORY Baltimore	
24D. LOCATION (City, town, or county) (State) Baltimore, Md.		25. FUNERAL DIRECTOR Ullrich Funeral Home		ADDRESS 2008 Orleans St.	

MEDICAL CERTIFICATION

DATE RECEIVED BY
LOCAL REGISTRAR
APR 4-1953

REGISTRAR'S SIGNATURE
Huntington Williams, M.D.



645
53 3312

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

53 3312
Registered No.

BIRTH NO.		1. NAME OF DECEASED (Type or Print) CLARA V. HERLING		2. DATE OF DEATH April 2, 1953	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Maryland B. COUNTY			
B. FULL NAME OF HOSPITAL OR INSTITUTION Harford Nursing Home 4700 Harford Avenue		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore			
C. Length of stay in Baltimore Life		D. STREET ADDRESS (If rural, give location) 3127 Chestnut Avenue			
5. SEX F	6. COLOR OR RACE W	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Widow	8. DATE OF BIRTH May 30, 1877	9. AGE (In years last birthday) 75	10. Under 1 Year Months: Days 11. Under 24 Hours Hours: Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housework		10B. KIND OF BUSINESS OR INDUSTRY at home		11. BIRTHPLACE (State or foreign country) Baltimore, Md.	
12. CITIZEN OF WHAT COUNTRY? USA		13. FATHER'S NAME Alexander Peppler		14. MOTHER'S MAIDEN NAME Annie M. Barenstricker	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) no		16. SOCIAL SECURITY NO. None		17. INFORMANT 1814 N. Chester Street Mr. Louis A. Peppler	
18. 331X and E903.0 DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) Cerebral Accident DUE TO ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. Generalized arteriosclerosis DUE TO OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. Broken hip		CAUSE OF DEATH Cerebral Accident Generalized arteriosclerosis Broken hip		INTERVAL BETWEEN ONSET AND DEATH 5 yrs ?	
19A. DATE OF OPERATION 0		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH <input checked="" type="checkbox"/>		21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) home		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location) 3127 Chestnut Ave. 13-05	
21D. TIME (Month) (Day) (Year) (Hour) Oct 1 1952		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		21F. HOW DID INJURY OCCUR? Fall to Floor	
22. I hereby certify that I attended the deceased from Mar 16 , 1953, to Apr 2 , 1953, that I last saw the deceased alive on March 31 , 1953, and that death occurred at 1:30 A.M., from the causes and on the date stated above.					
23A. SIGNATURE Conrad R. Rulky		23B. ADDRESS 3128 Harford Rd		23C. DATE SIGNED 4/2/53	
24A. BURIAL, CREMATION, REMOVAL (Specify) burial		24B. DATE 4/4/53		24C. NAME OF CEMETERY OR CREMATORY Greenmount Cemetery	
24D. LOCATION (City, town, or county) (State) Baltimore, Md.		25. FUNERAL DIRECTOR HENRY SANDER & SONS, INC.		ADDRESS BALTO., 13, MD.	
DATE RECEIVED BY LOCAL REGISTRAR APR 4 - 1953		REGISTRAR'S SIGNATURE Huntington Williams, M.D.		VS 150 N - 870 1	

MEDICAL CERTIFICATION

CERTIFICATION APPROVED BY
P. P. Fisher
CHIEF OR ASST. MEDICAL EXAMINER, M. D.

CERTIFICATE OF DEATH

DATE OF DEATH

PLACE OF DEATH

CAUSE OF DEATH

AGE AT DEATH

SEX

RACE

EDUCATION

OCCUPATION

RELIGION

MARITAL STATUS

DATE OF BIRTH

PLACE OF BIRTH

CAUSE OF BIRTH

AGE AT BIRTH

SEX

RACE

EDUCATION

OCCUPATION

RELIGION

MARITAL STATUS

DATE OF DEATH

PLACE OF DEATH

CAUSE OF DEATH

AGE AT DEATH

SEX

RACE

EDUCATION

OCCUPATION

RELIGION

MARITAL STATUS

DATE OF BIRTH

PLACE OF BIRTH

CAUSE OF BIRTH

AGE AT BIRTH

SEX

RACE

EDUCATION

OCCUPATION

RELIGION

MARITAL STATUS

DATE OF DEATH

PLACE OF DEATH

CAUSE OF DEATH

AGE AT DEATH

SEX

RACE

EDUCATION

OCCUPATION

RELIGION

MARITAL STATUS

DATE OF BIRTH

PLACE OF BIRTH

CAUSE OF BIRTH

AGE AT BIRTH

SEX

RACE

EDUCATION

OCCUPATION

RELIGION

MARITAL STATUS

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATHRegistered No. **53 3313**

53 3313

1. NAME OF DECEASED (Type or Print) WINFRED BOZMAN			2. DATE OF DEATH April 3, 1953		
3. PLACE OF DEATH: A. Baltimore City, Maryland			4. USUAL RESIDENCE (Where deceased lived, if institution: residence before admission) A. STATE Maryland B. COUNTY Baltimore		
B. FULL NAME OF (If not in hospital or institution, give street address or hospital or institution location) US Public Health Service Hospital Wyman Pk. Drive & 31st Street			C. CITY OR TOWN (If outside corporate limits, give RURAL, and give township) Baltimore		
D. STREET ADDRESS (If rural, give location) 2727 Hugo Avenue			E. LENGTH OF STAY IN BALTIMORE 7		
5. SEX M	6. COLOR OR RACE W	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH 8/1/98	9. AGE (In years last birthday) 54	10. CITIZEN OF USA
11. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) None Clerk			12. KIND OF BUSINESS OR INDUSTRY Cab Co.		
13. FATHER'S NAME John Bozman			14. MOTHER'S MAIDEN NAME Anna Elizabeth Smith		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) Yes WW I - USA			16. SOCIAL SECURITY NO. 216-01-4013		
17. INFORMANT Records- US PHS Hospital, Balto, Md.			18. ADDRESS BALTO, MD.		
18. CAUSE OF DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) Carcinoma of bladder with widespread metastases. DUE TO (A) Carcinoma of bladder with widespread metastases. (B) metastases. (C) metastases. ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. metastases. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.			INTERVAL BETWEEN ONSET AND DEATH Approx. 16 mos.		
19A. DATE OF OPERATION Jan. 26, 1953			19B. MAJOR FINDINGS OF OPERATION metastases.		
20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>			21. DATE OF OPERATION Jan. 26, 1953		
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH <input type="checkbox"/>			21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) US PHS Hospital, Balto, Md.		
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location) BALTO, MD.			21D. TIME (Month) (Day) (Year) (Hour) OF INJURY 4/3/53		
21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>			21F. HOW DID INJURY OCCUR? metastases.		
22. I hereby certify that I attended the deceased from Jan. 26, 1953 to Apr. 3, 1953 , that I last saw the deceased alive on Apr. 3, 1953 and that death occurred at 2:15 a.m. , from the causes and on the date stated above.					
23A. SIGNATURE J.A. Hunter, Clinical Director			23B. ADDRESS US PHS Hospital, Balto, Md.		
23C. DATE SIGNED 4/3/53			24. BURIAL, CREMATION, REMOVAL (Specify) Burial		
24A. DATE 4/6/53			24B. NAME OF CEMETERY OR CREMATORY Baltimore National		
24C. LOCATION (City, town, or county) (State) Baltimore, Md.			24D. DATE RECEIVED BY LOCAL REGISTRAR APR 4 - 1953		
24E. REGISTRAR'S SIGNATURE Huntington Williams, Md.			24F. FUNERAL DIRECTOR HENRY SANDER & SONS, INC.		
24G. ADDRESS BALTO., 13, MD.			24H. SIGNATURE Henry Sander		

MEDICAL CERTIFICATION

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATHRegistered No. **53 3314**

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)**EDWIN PATCHETT**2. DATE
OF
DEATH **April 2, 1953**

3. PLACE OF DEATH:

A. Baltimore City, Maryland **Baltimore**

4. USUAL RESIDENCE (Where deceased lived, if institution: residence before admission)

A. STATE **Maryland**

B. COUNTY

B. FULL NAME OF
HOSPITAL OR
INSTITUTION (If not in hospital or institution, give street address or location)**South Baltimore General Hosp.**

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Baltimore

D. STREET ADDRESS (If rural, give location)

1140 Ridgely Street

c. Length of stay in Baltimore

35 yrs.Yrs.
Mos.
Days

5. SEX

Male

6. COLOR OR RACE

White7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)**married**

8. DATE OF BIRTH

Feb. 22, 18969. AGE (In years last birthday) **57 yrs.**If Under 1 Year
Months: DaysIf Under 24 Hours
Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Salesman

10B. KIND OF BUSINESS OR INDUSTRY

Bowman Realty Co.

11. BIRTHPLACE (State or foreign country)

Cambridge Md.

12. CITIZEN OF WHAT COUNTRY?

U.S.A.

13. FATHER'S NAME

Harry A. Patchett

14. MOTHER'S MAIDEN NAME

Henrietta Stewart

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)

yes**World War I**

16. SOCIAL SECURITY NO.

17. INFORMANT ADDRESS
Susie Patchett 1140 Ridgely St.18. **4 yrs. 1 and 177x**
DISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

CAUSE OF DEATH

(A) **Arteriosclerotic cardiovascular disease**

DUE TO

ANTECEDENT CAUSES

(B) DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

DUE TO

(C)

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.**Carcinoma of prostate with widespread metastases**INTERVAL BETWEEN
ONSET AND DEATH

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒21A. EXTERNAL CAUSE WAS
UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH.

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED

WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I certify that I took charge of the remains described above, held an **inspection & inquiry** thereon and from **Autopsy, Inspection or Inquiry** the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: **natural causes** ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐.

23A. SIGNATURE

R. Fisher23B. CHIEF MEDICAL EXAMINER ☒ ASSISTANT MEDICAL EXAMINER ☐ MEDICAL INVESTIGATOR ☐23C. DATE SIGNED
April 2, 195324A. BURIAL, CREMATION, REMOVAL (Specify)
Burial

24B. DATE

April 6, 1953

24C. NAME OF CEMETERY OR CREMATORY

Baltimore National

24D. LOCATION (City, town, or county) (State)

Frederick Rd. Balto. Md.

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

Huntington Williams, M.D.

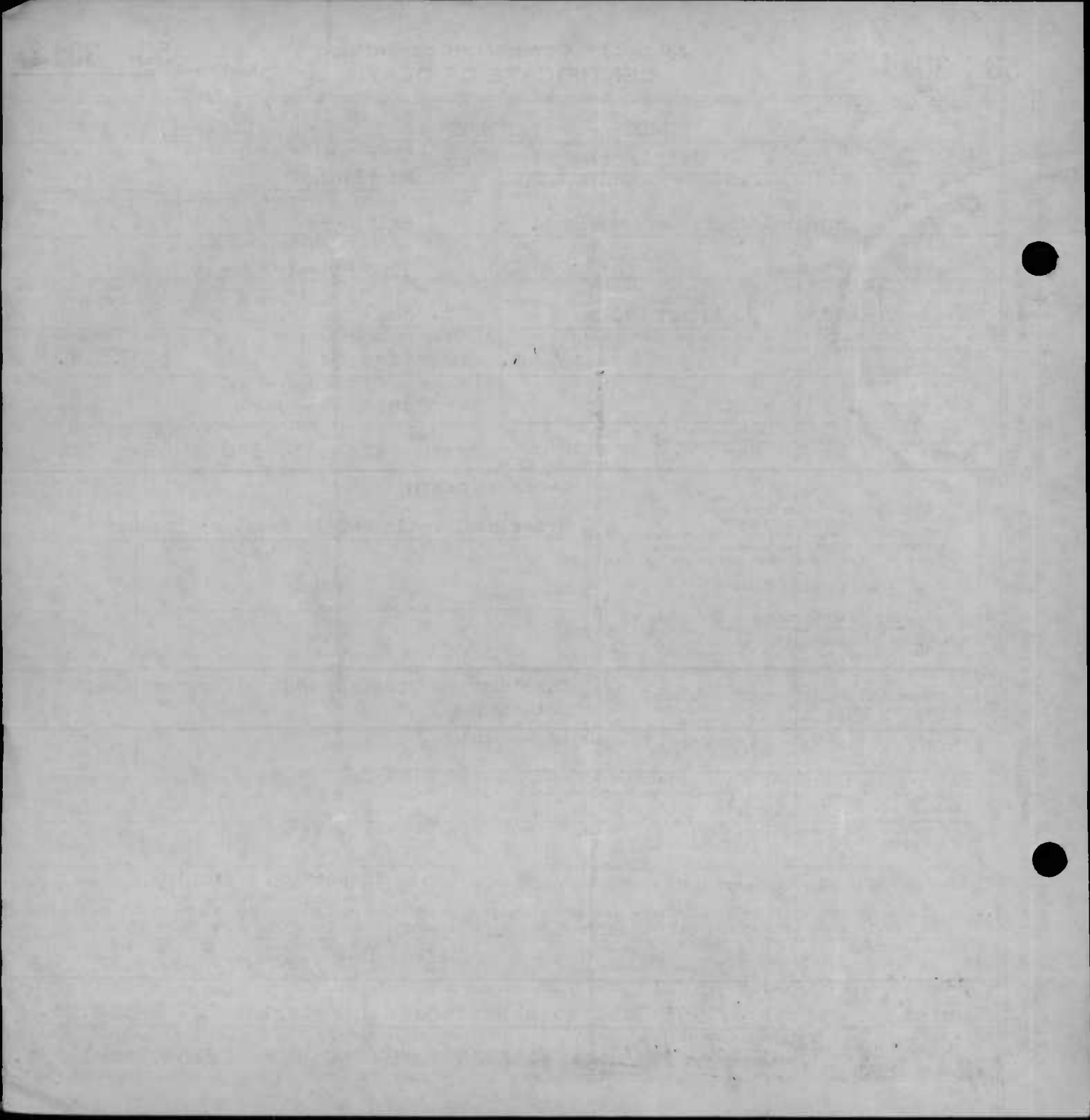
25. FUNERAL DIRECTOR

ADDRESS

KRAUSE FUNERAL HOME 1216S. Charles St.**Balto. 30****APR 4 - 1953**

VS 151

49074



451

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 53 3315

BIRTH NO. 53 3315

1. NAME OF DECEASED (Type or Print) GERRY KELLENBERGER			2. DATE OF DEATH 4/2/53		
3. PLACE OF DEATH: A. Baltimore City, Maryland			4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE MARYLAND B. COUNTY Anne Arundel		
B. FULL NAME OF HOSPITAL OR INSTITUTION UNIVERSITY HOSP.			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) GLEN BURNIE		
E. Length of stay in Baltimore			D. STREET ADDRESS (If rural, give location) 101 MAIN AVE S.W.		
5. SEX M	6. COLOR OR RACE W	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) SINGLE	8. DATE OF BIRTH Dec. 7, 1945		9. AGE (In years last birthday) 5
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) None		10B. KIND OF BUSINESS OR INDUSTRY None	11. BIRTHPLACE (State or foreign country) Baltimore, Md.		12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME Paul R. Kellenberger			14. MOTHER'S MAIDEN NAME Eloise M. Bruckman		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, as or unknown) No		16. SOCIAL SECURITY NO. None	17. INFORMANT Paul R. Kellenberger ADDRESS Glen Burnie		
18. 204.0 I DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) CAUSE OF DEATH (A) Anemia due to epistaxis + multiple petechiae + leukopenia throughout most organs. (B) 2. Thrombocytopenia (C) Acute lymphocytic leukemia INTERVAL BETWEEN ONSET AND DEATH 29 mos					
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.					
19A. DATE OF OPERATION ✓		19B. MAJOR FINDINGS OF OPERATION			20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH <input type="checkbox"/>		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from 3/25 , 19 53 , to 4/2 , 19 53 , that I last saw the deceased alive on 4/2 , 19 53 , and that death occurred at 7:45 a.m., from the causes and on the date stated above.					
23A. SIGNATURE John Thawitt			23B. ADDRESS University Hosp.		23C. DATE SIGNED 4/2/53
24A. BURIAL, CREMATION, REMOVAL (Specify) Burial		24B. DATE April 4, 1953	24C. NAME OF CEMETERY OR CREMATORY Glen Burnie Md.	24D. LOCATION (City, town, or county) (State) Glen Haven Cem.	
DATE RECEIVED BY LOCAL REGISTRAR APR 4 - 1953		REGISTRAR'S SIGNATURE Huntington Williams, Md.		25. FUNERAL DIRECTOR R. V. Singleton, Glen Burnie Md. ADDRESS	

MEDICAL CERTIFICATION

UNITED STATES DEPARTMENT OF AGRICULTURE
BUREAU OF PLANT INDUSTRY
WASHINGTON, D. C.

VALLEY

**BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH**

53 3316
Registered No.

414
53 3316
BIRTH NO.

1. NAME OF DECEASED (Type or Print) MR. BENJAMIN MONROE WALPOLE		2. DATE OF DEATH APRIL 3, 1953	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived, If institution; residence before admission) A. STATE MARYLAND B. COUNTY BALTIMORE	
B. FULL NAME OF HOSPITAL OR INSTITUTION UNION MEMORIAL HOSPITAL		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) COCKEY'S VILLE	
C. Length of stay in Baltimore 3 hours		D. STREET ADDRESS (If rural, give location) CHILDREN'S REHABILITATION INSTITUTE	
5. SEX MALE	6. COLOR OR RACE WHITE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) MARRIED	8. DATE OF BIRTH JAN. 21, 1906
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) DIRECTOR		10B. KIND OF BUSINESS OR INDUSTRY CHILDRENS REHAB INST	9. AGE (In years last birthday) 47 If Under 1 Year: Months: Days If Under 24 Hours: Hours: Min.
11. BIRTHPLACE (State or foreign country) RHODE ISLAND		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13. FATHER'S NAME BENJAMIN M. WALPOLE		14. MOTHER'S MAIDEN NAME JO KING	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.	
17. INFORMANT MRS DORA LOU WALPOLE		ADDRESS SAME	

<p>18. 443X</p> <p>DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)</p> <p>CAUSE OF DEATH</p> <p>(A) Cerebral hemorrhage</p> <p>DUE TO</p> <p>ANTECEDENT CAUSES</p> <p>(B) Hypertensive cardiovascular disease</p> <p>DUE TO</p> <p>(C)</p> <p>OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.</p>	<p>INTERVAL BETWEEN ONSET AND DEATH</p>

19A. DATE OF OPERATION 2		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
<p>22. I hereby certify that I attended the deceased from APRIL 3, 1953, to APRIL 3, 1953, that I last saw the deceased alive on APRIL 3, 1953, and that death occurred at 3:15 A.M., from the causes and on the date stated above.</p>					
23A. SIGNATURE Harvey S. Green		23B. ADDRESS Union Memorial Hosp		23C. DATE SIGNED 4-3-53	
24A. BURIAL, CREMATION, REMOVAL (Specify) Cremation		24B. DATE 4 - 4 - 53		24C. NAME OF CEMETERY OR CREMATORY Greenmount	
24D. LOCATION (City, town, or county) (State) Baltimore, Md.					

DATE RECEIVED BY LOCAL REGISTRAR APR 4 - 1953		REGISTRAR'S SIGNATURE Huntington Williams, M.D.		25. FUNERAL DIRECTOR John O. Mitchell & Sons, Inc.	
				ADDRESS -1900 Eutaw Place	
				M B Mitchell	
				2908 W	

CERTIFICATE OF DEATH

NAME OF DECEASED
AGE
SEX
DATE OF BIRTH
PLACE OF BIRTH
OCCUPATION
CAUSE OF DEATH
DATE OF DEATH
PLACE OF DEATH
SIGNATURE OF REGISTRAR
SIGNATURE OF WITNESSES

NOTED
DATE
TIME
PLACE

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATHRegistered No. 53 3317

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)Thomas A Turner2. DATE
OF
DEATH4/4/53

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF HOSPITAL OR INSTITUTION (not in hospital or institution, give street address or location)

Mercy Hospital

C. Length of stay in Baltimore

Yrs.
Mos.
Days

5. SEX

male

6. COLOR OR RACE

white7. SINGLE? MARRIED,
WIDOWED, DIVORCED (Specify)married

4. USUAL RESIDENCE (Where deceased lived, if institution; residence before admission)

A. STATE

N.Y.

B. COUNTY

C. CITY OR TOWN

(If outside corporate limits, write RURAL and give township)

Amsterdam

D. STREET ADDRESS (If rural, give location)

355 Bay Park Ave

8. DATE OF BIRTH

Mar 22, 1888

9. AGE (in years last birthday)

65If Under 1 Year
Months: DaysIf Under 24 Hours
Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Bank Director

10B. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country)

New York State

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME

John J. Turner

14. MOTHER'S MAIDEN NAME

Marcella Egan

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)

World War II

16. SOCIAL SECURITY NO.

17. INFORMANT

ADDRESS

Marcella Turner 355 Bay Park Ave18. 470.0

CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) DUE TO

Arteriosclerotic Heart Disease

ANTECEDENT CAUSES

(B) DUE TO

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(C) DUE TO

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

INTERVAL BETWEEN ONSET AND DEATH

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒21A. EXTERNAL CAUSE WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH.

21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I certify that I took charge of the remains described above, held an Inspection thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐.

23A. SIGNATURE

R. Fisher23B. CHIEF MEDICAL EXAMINER.....☒ASSISTANT MEDICAL EXAMINER.....☐

M.D.

23C. DATE SIGNED

4/4/53

24A. BURIAL, CREMATION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county) (State)

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

**BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH**

Registered No. **53 3318**

BIRTH NO. **53 3318**

1. NAME OF DECEASED (Type or Print) <i>Mrs Ada Thompson</i>			2. DATE OF DEATH <i>7-2-1953</i>		
3. PLACE OF DEATH: A. Baltimore City, Maryland <i>Baltimore</i>			4. USUAL RESIDENCE (Where deceased lived. If institution; residence before admission) A. STATE <i>Maryland</i> B. COUNTY		
B. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION <i>St. Agnes Hospital</i>			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <i>Baltimore</i>		
C. Length of stay in Baltimore <i>Life</i>			D. STREET ADDRESS (If rural, give location) <i>1717 E. 25th St.</i>		
5. SEX <i>F</i>	6. COLOR OR RACE <i>W</i>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <i>Married</i>	8. DATE OF BIRTH <i>Oct. 25, 1885</i>		9. AGE (In years last birthday) <i>67</i>
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>N.A.</i>		10B. KIND OF BUSINESS OR INDUSTRY <i>Own Home</i>	11. BIRTHPLACE (State or foreign country) <i>Maryland</i>		12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME <i>John Shipley</i>			14. MOTHER'S MAIDEN NAME <i>Ida Chaney</i>		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) <i>No</i>		16. SOCIAL SECURITY NO.	17. INFORMANT ADDRESS <i>John Thompson, 1717 E. 25th St.</i>		

<p>18. <i>443 X 1</i></p> <p>DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)</p> <p>ANTECEDENT CAUSES</p> <p>DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.</p> <p>II</p> <p>OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.</p>	<p align="center">CAUSE OF DEATH</p> <p>(A) <i>Intracerebral hemorrhage</i></p> <p>DUE TO</p> <p>(B) <i>Hypertensive Cardiovascular Disease</i></p> <p>DUE TO</p> <p>(C)</p>	<p>INTERVAL BETWEEN ONSET AND DEATH</p>

19A. DATE OF OPERATION <i>0</i>		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21A. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING CAUSE OF DEATH <input type="checkbox"/>		21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from <i>3-30</i> , 19 <i>53</i> , to <i>4-2</i> , 19 <i>53</i> that I last saw the deceased alive on <i>4-2</i> , 19 <i>53</i> , and that death occurred at <i>11:55 PM</i> , from the causes and on the date stated above.					
23A. SIGNATURE <i>Harry L. King M.D.</i>		23B. ADDRESS <i>St. Agnes Hosp.</i>		23C. DATE SIGNED <i>4-2-53</i>	
24A. BURIAL, CREMATION, REMOVAL (Specify) <i>Burial</i>		24B. DATE <i>Apr. 6/53</i>		24C. NAME OF CEMETERY OR CREMATORY <i>Randon Pk.</i>	
				24D. LOCATION (City, town, or county) (State) <i>Balto. 29. Md.</i>	
DATE RECEIVED BY LOCAL REGISTRAR <i>APR 4-1953</i>		REGISTRAR'S SIGNATURE <i>Huntington Williams, M.D.</i>		25. FUNERAL DIRECTOR ADDRESS <i>Harry H. Nitzke, 4101 Edmondson Ave.</i>	

MEDICAL CERTIFICATION

152
53 3319BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH53 3319
Registered No.

BIRTH NO.

1. NAME OF DECEASED (Type or Print) <u>Jrene M. Robins</u> ROBINS		2. DATE OF DEATH <u>4/12/53</u>	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE <u>md.</u> B. COUNTY <u>BALTO</u>	
B. FULL NAME OF HOSPITAL OR INSTITUTION <u>Lutheran Hospital</u>		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <u>Woodlawn</u> <u>53-00</u>	
5. LENGTH OF STAY IN BALTIMORE <u>Life</u>		D. STREET ADDRESS (If rural, give location) <u>1908 Kernan Dr. #7</u>	
5. SEX <u>Female</u>	6. COLOR OR RACE <u>W</u>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>	8. DATE OF BIRTH <u>8/26/82</u>
9. AGE (In years last birthday) <u>70</u>		10. CITIZENSHIP (If Under 1 Year: Months: Days; If Under 24 Hours: Hours: Min.) <u>U.S.B.</u>	
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>H.W.</u>		10B. KIND OF BUSINESS OR INDUSTRY <u>Own Home</u>	
11. BIRTHPLACE (State or foreign country) <u>md.</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13. FATHER'S NAME <u>Abraham Busch</u>		14. MOTHER'S MAIDEN NAME <u>Alice</u>	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.	
17. INFORMANT <u>Mrs. Nellie Robins</u>		ADDRESS <u>1908 Kernan Drive</u>	

18. <u>470.0</u> DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) <u>Pulmonary congestion + pericardial effusion</u> DUE TO (A) <u>Coronary atherosclerosis</u> DUE TO (B) <u>Heart disease</u> DUE TO (C) _____ INTERVAL BETWEEN ONSET AND DEATH	19. CAUSE OF DEATH <u>Pulmonary congestion + pericardial effusion</u> <u>Coronary atherosclerosis</u> <u>Heart disease</u>
19. ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. <u>II</u> OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.	

MEDICAL CERTIFICATION

19A. DATE OF OPERATION		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from <u>4/11</u> <u>6:30</u> <u>1953</u> to <u>4/12</u> <u>1953</u> that I last saw the deceased alive on <u>4/12</u> <u>1953</u> and that death occurred at <u>6:30</u> <u>Am.</u> , from the causes and on the date stated above.					
23A. SIGNATURE <u>Huntington S. Mease</u> M. D.		23B. ADDRESS <u>Lutheran Hospital</u>		23C. DATE SIGNED <u>4/12/53</u>	
24A. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24B. DATE <u>April 6/53</u>		24C. NAME OF CEMETERY OR CREMATORY <u>Mt. Olivet</u>	
24D. LOCATION (City, town, or county) (State) <u>Baltimore, Md.</u>		25. FUNERAL DIRECTOR <u>Harry H. Witzke</u> ADDRESS <u>4101 Edmondson Ave.</u>			

1

3D-100
53 3320BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 53 3320

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Mrs. Louise R. Duffey

2. DATE
OF
DEATH

April 2, 1953

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF
HOSPITAL OR
INSTITUTION

Baltimore Hospital

Length of stay in Baltimore

Yrs.
Mos.
Days

A. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE Maryland B. COUNTY Baltimore

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Baltimore 28-04

D. STREET ADDRESS (If rural, give location)

4210 Calborne Rd. 29

5. SEX

Female

6. COLOR OR RACE

White

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

Married

8. DATE OF BIRTH

9/23/98

9. AGE (in years
last birthday)

54

If Under 1 Year
Months DaysIf Under 24 Hours
Hours Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)10B. KIND OF BUSINESS OR
INDUSTRY

Housewife

11. BIRTHPLACE (State or foreign country)

Pa.

12. CITIZEN OF
WHAT COUNTRY?

U.S.

13. FATHER'S NAME

John C. Mullerick

14. MOTHER'S MAIDEN NAME

Kathleen Fisher

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)16. SOCIAL
SECURITY NO.17. INFORMANT ADDRESS
Wm. J. Duffey - 4210 Calborne Rd.

18. 900.1 I

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A) Pulmonary Embolus

25 minutes

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B) Thrombophlebitis, right leg.

2 days

DUE TO

(C) Lymphosarcoma

7 yrs.

II
OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

Lobar Pneumonia

36 days

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☒ NO ☐21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR? (If in Baltimore City, give exact location)21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

WHILE AT ☐ NOT WHILE ☐
WORK AT WORK

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 3/3, 1953 to 4/2, 1953 that I last saw the
deceased alive on 4/2, 1953 and that death occurred at 8:51 P. M., from the causes and on the date stated above.

23A. SIGNATURE

23B. ADDRESS

23C. DATE SIGNED

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county) (State)

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

APR 4-1953

Huntington Williams, M.D. Harry A. Witzke, 4101 Edmondson Ave

CERTIFICATE OF DEATH

DEPARTMENT OF HEALTH

1930

1. Name of deceased		2. Sex		3. Age		4. Date of death	
5. Place of death		6. Cause of death		7. Duration of illness		8. Signature of physician	
9. Signature of registrar		10. Signature of informant		11. Signature of witness		12. Signature of coroner	
13. Signature of undertaker		14. Signature of funeral home		15. Signature of cemetery		16. Signature of burial place	
17. Signature of funeral home		18. Signature of cemetery		19. Signature of burial place		20. Signature of funeral home	
21. Signature of cemetery		22. Signature of burial place		23. Signature of funeral home		24. Signature of cemetery	
25. Signature of burial place		26. Signature of funeral home		27. Signature of cemetery		28. Signature of burial place	
29. Signature of funeral home		30. Signature of cemetery		31. Signature of burial place		32. Signature of funeral home	
33. Signature of cemetery		34. Signature of burial place		35. Signature of funeral home		36. Signature of cemetery	
37. Signature of burial place		38. Signature of funeral home		39. Signature of cemetery		40. Signature of burial place	
41. Signature of funeral home		42. Signature of cemetery		43. Signature of burial place		44. Signature of funeral home	
45. Signature of cemetery		46. Signature of burial place		47. Signature of funeral home		48. Signature of cemetery	
49. Signature of burial place		50. Signature of funeral home		51. Signature of cemetery		52. Signature of burial place	
53. Signature of funeral home		54. Signature of cemetery		55. Signature of burial place		56. Signature of funeral home	
57. Signature of cemetery		58. Signature of burial place		59. Signature of funeral home		60. Signature of cemetery	
61. Signature of burial place		62. Signature of funeral home		63. Signature of cemetery		64. Signature of burial place	
65. Signature of funeral home		66. Signature of cemetery		67. Signature of burial place		68. Signature of funeral home	
69. Signature of cemetery		70. Signature of burial place		71. Signature of funeral home		72. Signature of cemetery	
73. Signature of burial place		74. Signature of funeral home		75. Signature of cemetery		76. Signature of burial place	
77. Signature of funeral home		78. Signature of cemetery		79. Signature of burial place		80. Signature of funeral home	
81. Signature of cemetery		82. Signature of burial place		83. Signature of funeral home		84. Signature of cemetery	
85. Signature of burial place		86. Signature of funeral home		87. Signature of cemetery		88. Signature of burial place	
89. Signature of funeral home		90. Signature of cemetery		91. Signature of burial place		92. Signature of funeral home	
93. Signature of cemetery		94. Signature of burial place		95. Signature of funeral home		96. Signature of cemetery	
97. Signature of burial place		98. Signature of funeral home		99. Signature of cemetery		100. Signature of burial place	

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53 3321BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 53 3321

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Willard T. Shipman

2. DATE
OF
DEATH April 1/53

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF
HOSPITAL OR
INSTITUTION (If not in hospital or institution, give street address or location)

Franklin Square Hospital

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE Md.

C. CITY OR TOWN (If outside corporate limits, give RURAL and give township)

Baltimore

D. STREET ADDRESS (If rural, give location)

1931 Hollins St.

Length of stay in Baltimore

30 yrs.

5. SEX
Male6. COLOR OR RACE
White7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)
Married8. DATE OF BIRTH
Dec. 23, 18839. AGE (In years,
last birthday)
6910. Under 1 Year
Months Days Hours Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)
Retired10B. KIND OF BUSINESS OR
INDUSTRY
Koesters Bakery11. BIRTHPLACE (State or foreign country)
Va.12. CITIZEN OF
WHAT COUNTRY?

13. FATHER'S NAME

Stephan Shipman

14. MOTHER'S MAIDEN NAME

Mary Swamm

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)16. SOCIAL
SECURITY NO.

17. INFORMANT (WIFE)

ADDRESS

Mrs. Mary V. Shipman, 1931 Hollins St

18. 422.2

DISEASE OR CONDITION DIRECTLY
LEADING TO DEATH(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

CAUSE OF DEATH

(A)

Acute cardiac dilatation

DUE TO

INTERVAL BETWEEN
ONSET AND DEATH

2 hrs

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B)

Chronic myocarditis, bronchitis

DUE TO

(C)

Asthma - hypotension

II

OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐21A. ACCIDENT, SUICIDE,
HOMICIDE (Specify)21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID (If in Baltimore City, give exact location)
INJURY OCCUR?21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

WHILE AT ☐ NOT WHILE ☐
WORK AT WORK

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 1948, 19, to 4/1/53, 19, that I last saw the
deceased alive on 3/28/53, and that death occurred at 7 a m., from the causes and on the date stated above.

23A. SIGNATURE

A. C. C. M. D.

M. D.

23B. ADDRESS

477 Fullow Ave

23C. DATE SIGNED

4/3/53

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)
Burial

24B. DATE

April 4/53

24C. NAME OF CEMETERY OR CREMATORY

Loudon Park

24D. LOCATION (City, town, or county) (State)

Baltimore, Md.

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

APR 4-1953

Huntington Williams, Harry F. Ditzler

4101 Edmondson Ave



**BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH**

Registered No. _____

BIRTH NO. _____

1. NAME OF DECEASED
(Type or Print)

John J. Dolbey

2. DATE
OF
DEATH

Apr 4 - 1953

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR
INSTITUTION

Univ Hosp

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE B. COUNTY

Md.

WICOMICO

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Whitehaven

D. STREET ADDRESS (If rural, give location)

72-00

C. Length of stay in Baltimore

5. SEX

M

6. COLOR OR RACE

W

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)
Married

8. DATE OF BIRTH

June 22, 1886

9. AGE (In years last birthday)

66 6-7

If Under 1 Year Months: Days

If Under 24 Hours Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Farmer

10B. KIND OF BUSINESS OR INDUSTRY

Own Farm

11. BIRTHPLACE (State or foreign country)

Clara, Maryland

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME

John Dolbey

14. MOTHER'S MAIDEN NAME

Fanny Dashiell

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT ADDRESS
Lillian Dolbey, White Haven, Md.

18. *355X*

CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthma, etc. It means the disease, injury or complication which caused death.)

(A) DUE TO

Intracranial space occupying lesion

INTERVAL BETWEEN ONSET AND DEATH

unknown

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B) DUE TO
(C)

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒

21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

WHILE AT WORK ☐ NOT WHILE AT WORK ☐

22. I hereby certify that I attended the deceased from *Apr 1*, 19*53* to *Apr 4*, 19*53*, that I last saw the deceased alive on *Apr 4*, 19*53* and that death occurred at *1:15 a.m.*, from the causes and on the date stated above.

23A. SIGNATURE

J. D. Baker

23B. ADDRESS

Univ. Hosp

23C. DATE SIGNED

Apr 5, 53

24A. BURIAL, CREMATION, REMOVAL (Specify)

24B. DATE

Apr 6 1953

24C. NAME OF CEMETERY OR CREMATORY

Tyaskin Cem

24D. LOCATION (City, town, or county)

Tyaskin, Md.

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

Thurston Williams, M.D.

25. FUNERAL DIRECTOR

ADDRESS

George J. Lance 4001 Ritchie Highway

CERTIFICATE OF DEATH

DEPARTMENT OF HEALTH

NO. 1000

DATE OF DEATH

PLACE OF DEATH

CAUSE OF DEATH

DATE OF BIRTH

PLACE OF BIRTH

DATE OF DEATH

PLACE OF DEATH

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CAUSE OF DEATH

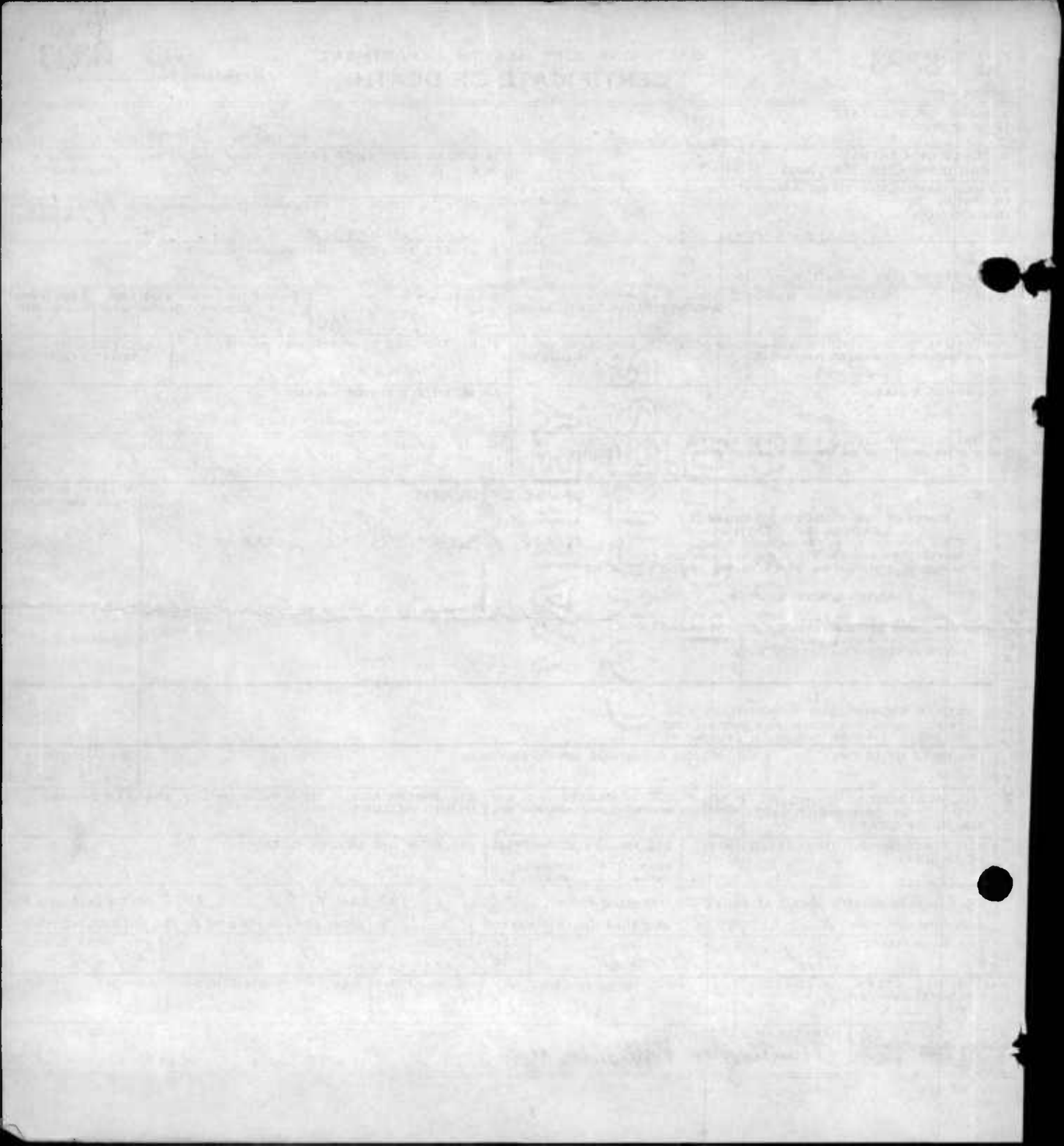
DATE OF BIRTH

PLACE OF BIRTH

DATE OF DEATH

PLACE OF DEATH

CAUSE OF DEATH



520
53 3324
BIRTH NO.BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH53 3324
Registered No.

1. NAME OF DECEASED (Type or Print) John YOUNG			2. DATE OF DEATH APR 2 - 1953		
3. PLACE OF DEATH: A. Baltimore City, Maryland Burg Walz			4. USUAL RESIDENCE (Where deceased lived, If institution: residence before admission) A. STATE Md. B. COUNTY 17-03		
B. FULL NAME OF HOSPITAL OR INSTITUTION JOHNS HOPKINS HOSPITAL			C. CITY OR TOWN. (If outside corporate limits, write RURAL and give township) Baltimore		
c. Length of stay in Baltimore			D. STREET ADDRESS (If rural, give location) 713 BRUNE ST		
5. SEX male	6. COLOR OR RACE colored	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) S.	8. DATE OF BIRTH 3-4-99	9. AGE (In years; last birthday) 54	If Under 1 Year Months: Days If Under 24 Hours Hours: Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Porter		10B. KIND OF BUSINESS OR INDUSTRY Jarom		11. BIRTHPLACE (State or foreign country) ?	
13. FATHER'S NAME ?		12. CITIZEN OF WHAT COUNTRY? ?			
14. MOTHER'S MAIDEN NAME ?		15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) no			
16. SOCIAL SECURITY NO.		17. INFORMANT ADDRESS JOHNS HOPKINS HOSPITAL			

18. 154X I DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) Carcinomatosis DUE TO Carcinoma, rectum DUE TO ? DUE TO ?	INTERVAL BETWEEN ONSET AND DEATH unknown unknown
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.	

19A. DATE OF OPERATION 2		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
21A. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) INJURY		21E. INJURY OCCURRED WHILE AT <input type="checkbox"/> WORK NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from 1-26- 19 53 to 4-2- 19 53 that I last saw the deceased alive on 4-2- 19 53 , and that death occurred at 6:50 P.M. , from the causes and on the date stated above.					
23A. SIGNATURE Arthur K. Nelson		23B. ADDRESS JOHNS HOPKINS HOSPITAL		23C. DATE SIGNED 4/4/53	
24A. BURIAL, CREMATION, REMOVAL (Specify) Burial		24B. DATE 4/6/53		24C. NAME OF CEMETERY OR CREMATORY mt. Calvary	
24D. LOCATION (City, town, or county) (State) D. C. County, Md.		25. FUNERAL DIRECTOR ADDRESS Huntington Williams, 475 Joseph B. Lock, Jr. 1304 D. Central			

CERTIFICATE OF DEATH

REGISTERED BY HEALTH DEPARTMENT

John Young

115 Bruce St
Baltimore

115 Bruce St
Baltimore

115 Bruce St
Baltimore

115 Bruce St
Baltimore

115 Bruce St
Baltimore



BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

53 3325
Registered No. 53 3325

652
53 3325
BIRTH NO.

1. NAME OF DECEASED (Type or Print) <i>MR Charles Gehring</i>				2. DATE OF DEATH <i>4-2-1953</i>			
3. PLACE OF DEATH: A. Baltimore City, Maryland <i>Baltimore</i>				4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE <i>B. Md</i> B. COUNTY			
B. FULL NAME OF HOSPITAL OR INSTITUTION <i>St. Agnes Hospital</i>				C. CITY OR TOWN <i>Balto</i>			
C. Length of stay in Baltimore				D. STREET ADDRESS (If rural, give location) <i>6211 Tuckwell Ave</i>			
5. SEX <i>M.</i>	6. COLOR OR RACE <i>W</i>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <i>Married</i>		8. DATE OF BIRTH <i>1886</i>	9. AGE (In years last birthday) <i>67</i>	II Under 1 Year Months: Days	II Under 24 Hours Hours: Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10B. KIND OF BUSINESS OR INDUSTRY <i>Retired</i>		11. BIRTHPLACE (State or foreign country) <i>Pa</i>		12. CITIZEN OF WHAT COUNTRY? <i>USA</i>	
13. FATHER'S NAME <i>George P</i>				14. MOTHER'S MAIDEN NAME <i>Jennie Roseberry</i>			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) <i>No</i>		16. SOCIAL SECURITY NO. <i>—</i>		17. INFORMANT <i>Josephine Schepzig 4341 Emden</i>			
18. <i>443x I</i> DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)		CAUSE OF DEATH (A) <i>Infra Cerebral Hemorrhage</i> DUE TO (B) <i>Hypertensive Cardio-Vascular Disease</i> DUE TO (C)				INTERVAL BETWEEN ONSET AND DEATH	
II DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.							
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.							
19A. DATE OF OPERATION <i>0</i>		19B. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21A. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING CAUSE OF DEATH <input type="checkbox"/>		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)			
21D. TIME (Month) (Day) (Year) (Hour) INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from <i>4-2</i> , 19 <i>53</i> , to <i>4-2</i> , 19 <i>53</i> , that I last saw the deceased alive on <i>4-2</i> , 19 <i>53</i> , and that death occurred at <i>11:55 p.m.</i> , from the causes and on the date stated above.							
23A. SIGNATURE <i>Harry L. Thompson</i>				23B. ADDRESS <i>St. Agnes Hosp</i>		23C. DATE SIGNED <i>4-2-53</i>	
24A. BURIAL, CREMATION, REMOVAL (Specify) <i>Burial</i>		24B. DATE <i>April 6-53</i>		24C. NAME OF CEMETERY OR CREMATORY <i>Huntington Cemetery</i>		24D. LOCATION (City, town, or county) (State) <i>Silverdale Co Pa</i>	
DATE RECEIVED BY LOCAL REGISTRAR <i>APR 4-1953</i>		REGISTRAR'S SIGNATURE <i>Huntington Williams</i>		25. FUNERAL DIRECTOR <i>Basell Thomas</i>		ADDRESS <i>1512 Holliston Balto 23 Md</i>	

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

[Faint, mostly illegible text and markings on a death certificate form. The form includes fields for personal information, cause of death, and official signatures. There are two punch holes on the right side.]

-160
53 3326

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 53 3326

1. NAME OF DECEASED (Type or Print) MR. Leroy Cooper		2. DATE OF DEATH 4/3/53	
3. PLACE OF DEATH: A. Baltimore City, Maryland X		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE MD B. COUNTY 19-03	
B. FULL NAME OF HOSPITAL OR INSTITUTION Bon Secours Hospital		C. CITY OR TOWN Balto., Md. 23	
c. Length of stay in Baltimore 37 Years		D. STREET ADDRESS (If rural, give location)	
5. SEX Male	6. COLOR OR RACE White	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH 5/30/15
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Steel Worker		10B. KIND OF BUSINESS OR INDUSTRY U.S. Steel Supply Co	
11. BIRTHPLACE (State or foreign country) Baltimore		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13. FATHER'S NAME James W. Cooper		14. MOTHER'S MAIDEN NAME KATHERINE MASINGO	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) No		16. SOCIAL SECURITY NO. 213-03-8683	
17. INFORMANT RAYMOND COOPER - 425 S GILMOR ST		ADDRESS	
18. 464X DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) PULMONARY Embolus DUE TO Phlebotrombosis DUE TO Chronic Appendicitis DUE TO		INTERVAL BETWEEN ONSET AND DEATH 20 hr. 22 hr + 1 mo.	
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.			
19A. DATE OF OPERATION 3-4-53		19B. MAJOR FINDINGS OF OPERATION Chronic Appendicitis	
20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>			
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH <input type="checkbox"/>		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)			
21D. TIME (Month) (Day) (Year) (Hour) INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
21F. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from 4-2 , 19 53 , to 4-3 , 19 53 that I last saw the deceased alive on 4-3 , 19 53 and that death occurred at 6 A m., from the causes and on the date stated above.			
23A. SIGNATURE C. Wilson McKen		23B. ADDRESS Bon Secours Hospital	
23C. DATE SIGNED April 3 1953			
24A. BURIAL, CREMATION, REMOVAL (Specify) BURIAL		24B. DATE 4-6-1953	
24C. NAME OF CEMETERY OR CREMATORY LOUDON PARK CEM		24D. LOCATION (City, town, or county) (State) FREDERICK AVE. BALTO MD	
DATE RECEIVED BY LOCAL REGISTRAR APR 4 - 1953		REGISTRAR'S SIGNATURE Huntington Williams, M.D.	
25. FUNERAL DIRECTOR THOMAS J. KERRY INC		ADDRESS 1600 Hollins ST	

6903A

TABLE 1. *Continued*

4000
53 3327
BIRTH NO.

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 53 3327

1. NAME OF DECEASED (Type or Print) MATILDA C. SCHEU			2. DATE OF DEATH April 2, 1953		
3. PLACE OF DEATH: A. Baltimore City, Maryland			4. USUAL RESIDENCE (Where deceased lived, if institution, residence before admission) A. STATE Md. B. COUNTY 16-03 C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore D. STREET ADDRESS (If rural, give location) formerly of 2300 Arunah Ave.		
5. FULL NAME OF (If not in hospital or institution, give street address or location) Kennesaw Nursing Home 2601 Roslyn Ave			6. LENGTH OF STAY IN BALTIMORE Yrs. Mos. Days		
5. SEX female	6. COLOR OR RACE white	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) widowed	8. DATE OF BIRTH Aug. 31, 1874	9. AGE (In years last birthday) 78	10. Under 1 Year Months Days 11. Under 24 Hours Hours Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10B. KIND OF BUSINESS OR INDUSTRY at home	11. BIRTHPLACE (State or foreign country) Maryland		12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME -- Pfeiffer			14. MOTHER'S MAIDEN NAME --		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) -no		16. SOCIAL SECURITY NO. no	17. INFORMANT ADDRESS Mr. John T. Scheu, Jr.-220 Equitable Bldg		

18. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) 260x I		CAUSE OF DEATH (A) Diabetic Mellitus (B) Diabetic Coma (C)		INTERVAL BETWEEN ONSET AND DEATH 5 years 1 day
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.				
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.				

19A. DATE OF OPERATION		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
21A. ACCIDENT WAS UNDER- LYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH	21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)		
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY	21E. INJURY OCCURRED WHILE AT <input type="checkbox"/> NOT WHILE <input type="checkbox"/> WORK AT WORK	21F. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from 1-1-1948 to 4-3-1953, that I last saw the deceased alive on 4-2-1953, and that death occurred at 6 P. m., from the causes and on the date stated above.					
23A. SIGNATURE J. W. Harrison		23B. ADDRESS 260x Harrison Hwy M. D.		23C. DATE SIGNED 4-3-53	
24A. BURIAL, CREMATION, REMOVAL (Specify) Burial	24B. DATE 4/6/53	24C. NAME OF CEMETERY OR CREMATORY Immanuel Cem.	24D. LOCATION (City, town, or county) (State) Balto., Md.		
DATE RECEIVED BY LOCAL REGISTRAR APR 4-1953	REGISTRAR'S SIGNATURE Huntington Williams, Jr.		25. FUNERAL DIRECTOR J. M. J. Pickner & Sons Balto 17, Md.		

CERTIFICATE OF DEATH

ALL INFORMATION CONTAINED HEREIN IS UNCLASSIFIED

DATE 10/1/83 BY SP-6 JWS/STW

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**BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH**

53 3328
Registered No. _____

100
53 3328
BIRTH NO. _____

1. NAME OF DECEASED (Type or Print) LILLIAN W. TOPP		2. DATE OF DEATH April 3, 1953	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Md. B. COUNTY _____	
B. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION 1515 Garrison Blvd.		C. CITY OR TOWN (If outside corporate limits, write full name and give township) Baltimore	
D. STREET ADDRESS (If rural, give location) 1302 Woodbourne Ave.		5. LENGTH OF STAY IN BALTIMORE Yrs. _____ Mos. _____ Days _____	
5. SEX female	6. COLOR OR RACE white	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) widowed	8. DATE OF BIRTH Oct. 27, 1876
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) housewife		10B. KIND OF BUSINESS OR INDUSTRY at home	9. AGE (In years last birthday) 76
13. FATHER'S NAME William Wilgus		11. BIRTHPLACE (State or foreign country) Pennsylvania	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)		12. CITIZEN OF WHAT COUNTRY? _____	
16. SOCIAL SECURITY NO. _____		14. MOTHER'S MAIDEN NAME ?	
17. INFORMANT Mrs. E. Fesche - 721 E. 34th St.		ADDRESS _____	

18. 331X I DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) Cerebral Vase Accident		INTERVAL BETWEEN ONSET AND DEATH 2 weeks
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE. (A) STATING THE UNDERLYING CONDITION LAST. Generalized Atherosclerosis		
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		

19A. DATE OF OPERATION	19B. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>
21A. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH	21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME (Month) (Day) (Year) (Hour) INJURY	21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from **3-19**, 19**53**, to **4-3**, 19**53**, that I last saw the deceased alive on **4-2**, 19**53**, and that death occurred at **8 a. m.**, from the causes and on the date stated above.

23A. SIGNATURE **Thos J. Afford** M. D. 23B. ADDRESS **4509 Liberty Heights** 23C. DATE SIGNED **4-4-53**

24A. BURIAL, CREMATION, REMOVAL (Specify) **Burial** 24B. DATE **4/6/53** 24C. NAME OF CEMETERY OR CREMATORY **Loudon Park Cem.** 24D. LOCATION (City, town, or county) (State) **Balto., Md.**

DATE RECEIVED BY LOCAL REGISTRAR **APR 4-1953** REGISTRAR'S SIGNATURE **Huntington Williams, Jr.** 25. FUNERAL DIRECTOR **Wm. J. Pickener & Sons** ADDRESS **Balto. 17, Md.**

CERTIFICATE OF DEATH

Deceased's Name
Residence

4-17-38
11:11 AM

Woodbury, N.J.

B-630
53 3329BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 53 3329

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

ANNA BELLE

2. DATE
OF
DEATH

4/2/53

3. PLACE OF DEATH:

a. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

Md.

b. COUNTY

140 WARD

b. FULL NAME OF HOSPITAL OR INSTITUTION (not in hospital or institution, give street address or location)

Mercy Hosp.

c. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Elkridge

d. STREET ADDRESS (If rural, give location)

5610 Main St., E

c. Length of stay in Baltimore

Yrs.
Mos.
Days

5. SEX

female

6. COLOR OR RACE

white

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

divorced

8. DATE OF BIRTH

May 8, 1893

9. AGE (In years
last birthday)

59

If Under 1 Year
Months: DaysIf Under 24 Hours
Hours: Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

nurse

10b. KIND OF BUSINESS OR INDUSTRY

--

11. BIRTHPLACE (State or foreign country)

Md.

12. CITIZEN OF
WHAT COUNTRY?

13. FATHER'S NAME

Thomas Clark

14. MOTHER'S MAIDEN NAME

F. Valine

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)

-

16. SOCIAL
SECURITY NO.

17. INFORMANT

ADDRESS

Mrs. Charles Downs-5610 Main St. Elkridge

18.

443 X

CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A)

DUE TO

(B)

DUE TO

(C)

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

DUE TO

II
OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.INTERVAL BETWEEN
ONSET AND DEATH

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐NO ☒21A. EXTERNAL CAUSE WAS
UNDERLYING ☐ OR CONTRIB-
UTING ☐ CAUSE OF DEATH.21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY21E. INJURY OCCURRED
m. WHILE AT ☐ NOT WHILE
WORK AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I certify that I took charge of the remains described above, held an Inspection thereon and from
Autopsy, inspection or Inquiry
the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above,
and death in my opinion resulted from: natural causes ☒ accident ☐, suicide ☐, homicide ☐, undetermined ☐.

23A. SIGNATURE

R. F. Fisher

M.D.

23b. CHIEF MEDICAL EXAMINER ☒
ASSISTANT MEDICAL EXAMINER ☐
MEDICAL INVESTIGATOR ☐23c. DATE SIGNED
4/3/5324A. BURIAL, CREMA-
TION, REMOVAL (Specify)
Burial

24b. DATE

4/6/53

24c. NAME OF CEMETERY OR CREMATORY

Loudon Park Cem.

24d. LOCATION (City, town, or county)

Balto., Md.

(State)

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

Huntington

25. FUNERAL DIRECTOR

Chas. J. Pickney & Sons

ADDRESS

Balto 17, Md.

VS 151

OSP 8T

Chas. F. Richardson
March 17, 1884

**BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH**

Registered No. **53 3330**

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Simon J. Pearsall

2. DATE
OF
DEATH

Apr. 2, 1953

3. PLACE OF DEATH:

A. Baltimore City, Maryland *1901 N. Payson St.*

4. USUAL RESIDENCE (Where deceased lived, if institution: residence
A. STATE B. COUNTY before admission)

Maryland
C. CITY OR TOWN (If outside corporate limits, write full name and give township)
Baltimore

B. FULL NAME OF HOSPITAL OR INSTITUTION

D. STREET ADDRESS (If rural, give location)

1901 N. Payson St.

C. Length of stay in Baltimore

2 yrs.

Yrs.
Mos.
Days

5. SEX

Male

6. COLOR OR RACE

Colored

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)

Married

8. DATE OF BIRTH

Feb. 14, 1881

9. AGE (In years last birthday)

72

If Under 1 Year Months Days

If Under 24 Hours Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

R.R. Station Cleaner

10B. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country)

Mt. Olive, N. Carolina

12. CITIZEN OF WHAT COUNTRY?

U.S.A.

13. FATHER'S NAME

Edward Pearsall

14. MOTHER'S MAIDEN NAME

Rachel ?

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)

No

16. SOCIAL SECURITY NO.

717-09-0318

17. INFORMANT

ADDRESS

Mrs. Virginia Pearsall, 1901 N. Payson St.

18.

CAUSE OF DEATH

INTERVAL BETWEEN ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH

(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) *Myocardial Degeneration*

6 mos

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE, (A) STATING THE UNDERLYING CONDITION LAST.

(B) *Generalized Arteriosclerosis*

1 yr.

DUE TO

(C)

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH

21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

WHILE AT WORK ☐ NOT WHILE AT WORK ☐

22. I hereby certify that I attended the deceased from *Mar 4 16, 1952*, to *April 2, 1953* that I last saw the deceased alive on *April 2, 1953*, and that death occurred at *9:00 A.M.*, from the causes and on the date stated above.

23A. SIGNATURE

Huntington Williams

M. D.

23B. ADDRESS

558 Mc Mechen St.

23C. DATE SIGNED

4/4/53

24A. BURIAL, CREMATION, REMOVAL (Specify)

Burial

24B. DATE

April 6, 1953

24C. NAME OF CEMETERY OR CREMATORY

Mt. Olive

24D. LOCATION (City, town, or county) (State)

Mt. Olive, N. Carolina

DATE RECEIVED BY LOCAL REGISTRAR

APR 4 - 1953

REGISTRAR'S SIGNATURE

Huntington Williams

25. FUNERAL DIRECTOR

Joseph L. Kues 2222 W. North Ave. Balt. Md.

ADDRESS

VS 150

97050

MEDICAL CERTIFICATION

STATE OF NEW YORK
CERTIFICATE OF DEATH

1911

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**BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH**

Registered No. **53 3331**

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

George A. Smith

2. DATE
OF
DEATH

Apr. 2, 1953

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location)

JOHNS HOPKINS HOSPITAL

4. USUAL RESIDENCE (Where deceased lived, if institution; residence before admission)

A. STATE

B. COUNTY

C. CITY OR TOWN

(If outside corporate limits, write RUICAL and give township)

D. STREET ADDRESS (If rural, give location)

827 E. Parrish St.

C. Length of stay in Baltimore

5. SEX

6. COLOR OR RACE

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)

8. DATE OF BIRTH

9. AGE (In years last birthday)

If Under 1 Year Months: Days
If Under 24 Hours Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

10B. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country)

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME

14. MOTHER'S MAIDEN NAME

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT

ADDRESS

JOHNS HOPKINS HOSPITAL

18. *274X and 177X*
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthma, etc. It means the disease, injury or complication which caused death.)

CAUSE OF DEATH

INTERVAL BETWEEN ONSET AND DEATH

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(A) *Hypertension*
DUE TO *Arteriosclerosis*
(B) *Arteriosclerosis*
DUE TO *Arteriosclerosis*
(C) *Arteriosclerosis*

3 days

2 months

15 months

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

Differentiated Cancer of Prostate

+3 years

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?
YES ☒ NO ☐

21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from *Feb. 2, 1953* to *Mar. 2, 1953* that I last saw the deceased alive on *Mar. 2, 1953* and that death occurred at *11 a. m.*, from the causes and on the date stated above.

23A. SIGNATURE

23B. ADDRESS

JOHNS HOPKINS HOSPITAL

23C. DATE SIGNED

4-2-53

24A. BURIAL, CREMATION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county) (State)

Burial

4-5-53

Mt. Vernon Cem

Whitestone - Va

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

Huntington Williams, M.D. *Samuel W. Sullivan, Jr.*

MEDICAL CERTIFICATION

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)Francis
CHARLES REAL2. DATE
OF
DEATH

4/3/53

3. PLACE OF DEATH:

A. Baltimore City, Maryland **748 Reservoir St.**B. FULL NAME OF
HOSPITAL OR
INSTITUTION (If not in hospital or institution, give street address or location)**748 Reservoir Street**

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE

B. COUNTY

Connecticut**Hartford**

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Hartford

D. STREET ADDRESS (If rural, give location)

191 Pershing Street

c. Length of stay in Baltimore

about 1 dayYrs.
Mos.
Days

5. SEX

Male

6. COLOR OR RACE

White

7. SINGLE, MARRIED,

WIDOWED, DIVORCED (Specify)

Married

8. DATE OF BIRTH

July-2-18979. AGE (in years
last birthday)**55**If Under 1 Year
Months: DaysIf Under 24 Hours
Hours: Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)**Machanic**10B. KIND OF BUSINESS OR
INDUSTRY**Conn. State Police Garage**

11. BIRTHPLACE (State or foreign country)

near Hartford, Conn.12. CITIZEN OF
WHAT COUNTRY?**U.S.A.**

13. FATHER'S NAME

? —

14. MOTHER'S MAIDEN NAME

? —15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)**No****None**16. SOCIAL
SECURITY NO.**- ? -**

17. INFORMANT

ADDRESS

Mrs. Madeline F. Real (wife) Hartford, Conn18. **420.1**

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A)

DUE TO

CORONARY SCLEROSIS

ANTECEDENT CAUSES

(B)

DUE TO

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(C)

II
OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☒ NO ☐21A. EXTERNAL CAUSE WAS
UNDERLYING ☐ OR CONTRIB-
UTING ☐ CAUSE OF DEATH.21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR? (If in Baltimore City, give exact location)21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

WHILE AT
WORK ☐NOT WHILE
AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I certify that I took charge of the remains described above, held an **Autopsy** thereon and from
the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above,
and death in my opinion resulted from: **natural causes** ☒ accident ☐ suicide ☐ homicide ☐ undetermined ☐.

23A. SIGNATURE

Robert Fisher

M.D.

23B. CHIEF MEDICAL EXAMINER.....☒ASSISTANT MEDICAL EXAMINER.....☐

23C. DATE SIGNED

4/4/5324A. BURIAL, CREMA-
TION, REMOVAL (Specify)

24B. DATE

April 4/53

24C. NAME OF CEMETERY OR CREMATORY

Mountain View

24D. LOCATION (City, town, or county)

Bloomfield - Conn.DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

Huntington Williams, Jr.

25. FUNERAL DIRECTOR

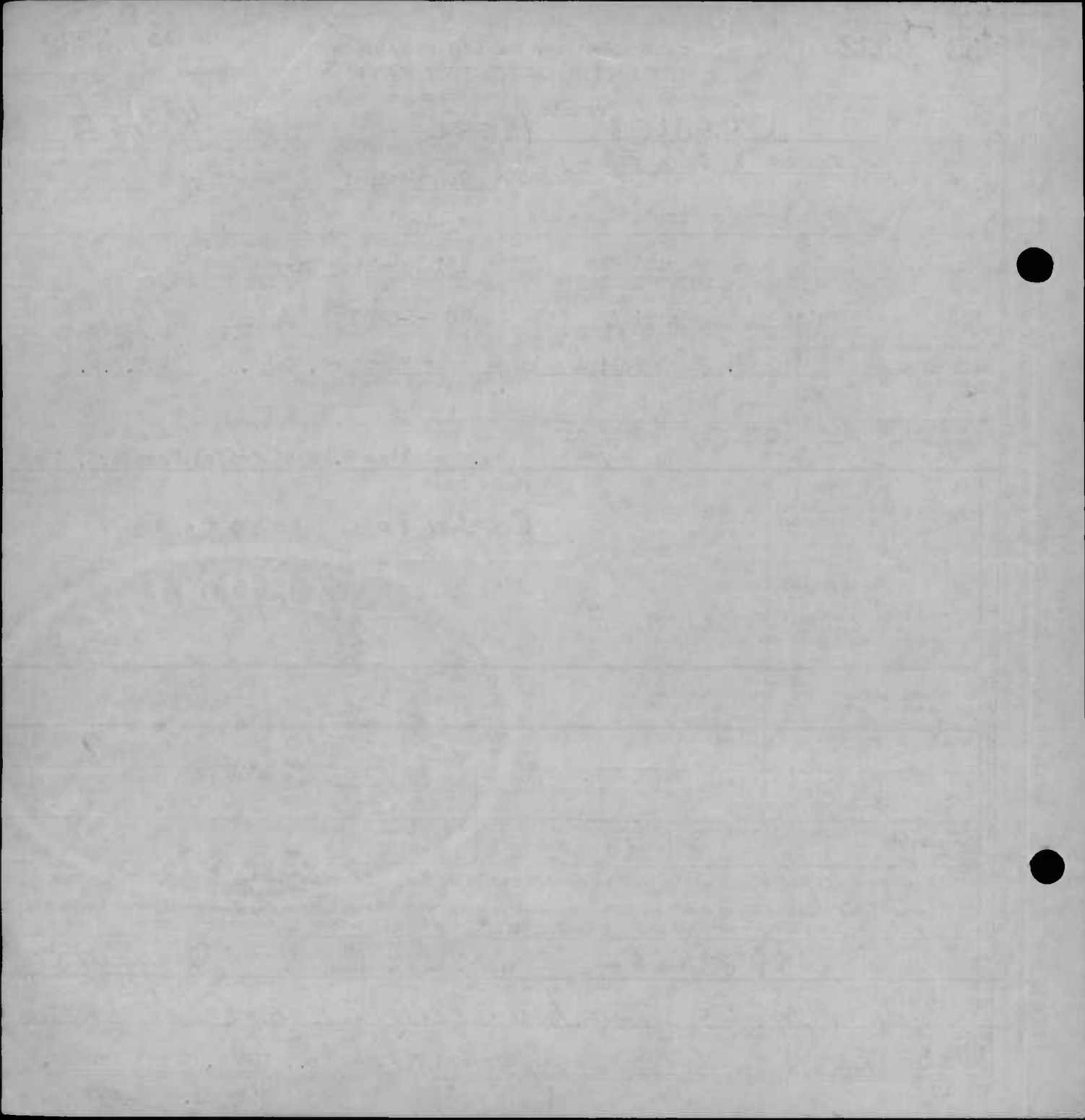
ADDRESS

Stewart & Mowen Co., 108 W. North Avenue,

VS 151

554R3

City #1.

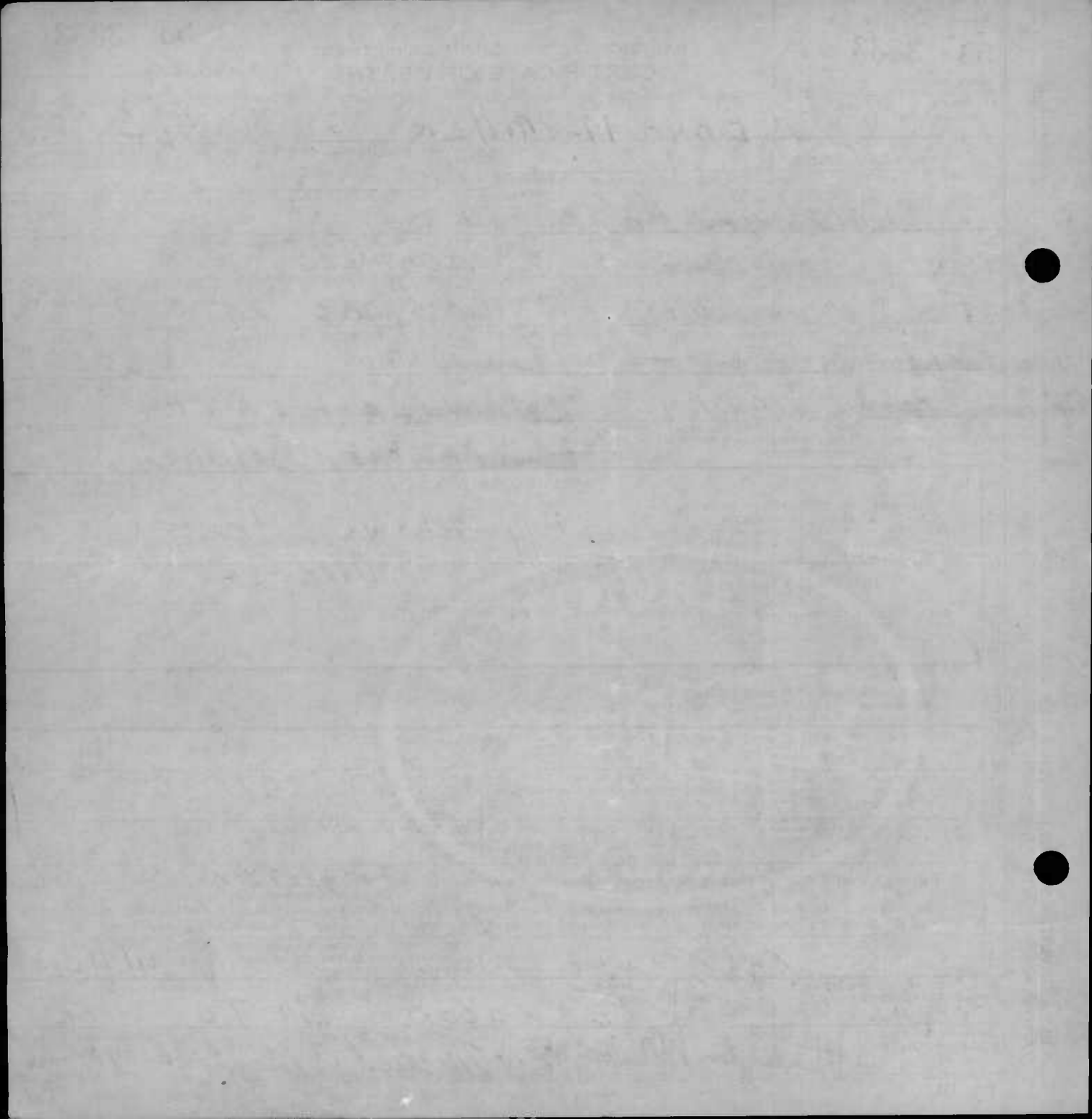


M-460
53 3333BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

53 3333

Registered No.

BIRTH NO.		1. NAME OF DECEASED (Type or Print)		2. DATE OF DEATH	
		EDNA M. Miller		4/3/53	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)		A. STATE	
B. FULL NAME OF HOSPITAL OR INSTITUTION		Md.		B. COUNTY	
BALTO City Hosp.		ESSEX		BALTO.	
c. Length of stay in Baltimore		D. STREET ADDRESS (If rural, give location)			
Yrs. Mos. Days		200 MARS Rd.			
5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	10. Under 1 Year Months Days
F	W	MARRIED	Oct. 5, 1903	49	11. Under 24 Hours Hours Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10B. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country)	
HOUSEWIFE				BALTO	
13. FATHER'S NAME		14. MOTHER'S MAIDEN NAME		12. CITIZEN OF WHAT COUNTRY?	
ISAAC BARRY		LILA HEATH		USA	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.		17. INFORMANT ADDRESS	
				REV. FRED J. MILLER SAME	
18. 443X		CAUSE OF DEATH		INTERVAL BETWEEN ONSET AND DEATH	
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)		(A) Hypertensive Heart Disease			
ANTECEDENT CAUSES		(B)			
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.		DUE TO			
		(C)			
II		OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.			
19A. DATE OF OPERATION		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21A. EXTERNAL CAUSE WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH.		21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I certify that I took charge of the remains described above, held an Inspection thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes <input checked="" type="checkbox"/> accident <input type="checkbox"/> suicide <input type="checkbox"/> homicide <input type="checkbox"/> undetermined <input type="checkbox"/> .		23A. SIGNATURE		23B. CHIEF MEDICAL EXAMINER <input checked="" type="checkbox"/> ASSISTANT MEDICAL EXAMINER <input type="checkbox"/> MEDICAL INVESTIGATOR <input type="checkbox"/>	
24A. BURIAL, CREMATION, REMOVAL (Specify)		24B. DATE		24C. NAME OF CEMETERY OR CREMATORY	
BURIAL		4-6-53		PARK WOOD	
DATE RECEIVED BY LOCAL REGISTRAR		REGISTRAR'S SIGNATURE		25. FUNERAL DIRECTOR ADDRESS	
APR 5-1953		Huntington Williams, M.D.		Medford J. Blight 6009 Harford Rd	
VS 151					



460
53 3334

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

53 3334
Registered No.

1. NAME OF DECEASED (Type or Print) <i>Katie Elizabeth Kehler</i>		2. DATE OF DEATH <i>4/4/53</i>	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE <i>Penna.</i> B. COUNTY <i>Refuck</i>	
B. FULL NAME OF HOSPITAL OR INSTITUTION <i>3539 Greenmount Ave</i>		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <i>Refuck</i>	
C. Length of stay in Baltimore <i>6 months</i>		D. STREET ADDRESS (If rural, give location) <i>? ?</i>	
5. SEX <i>Female</i>	6. COLOR OR RACE <i>White</i>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <i>married</i>	8. DATE OF BIRTH <i>1/7/1873</i>
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>Housewife</i>		10B. KIND OF BUSINESS OR INDUSTRY <i>own</i>	9. AGE (in years last birthday) <i>80</i>
11. BIRTHPLACE (State or foreign country) <i>Penna.</i>		12. CITIZEN OF WHAT COUNTRY? <i>U.S.A.</i>	
13. FATHER'S NAME <i>Henry Reed</i>		14. MOTHER'S MAIDEN NAME <i>Cathsiak Nace</i>	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) <i>—</i>		16. SOCIAL SECURITY NO. <i>—</i>	
17. INFORMANT <i>Samuel E Kehler, Refuck, Pa.</i>		ADDRESS	
18. <i>442 X</i> DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) <i>1</i> <i>Bronchopneumonia</i> DUE TO		INTERVAL BETWEEN ONSET AND DEATH <i>3/8/53</i>	
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. <i>2</i> <i>Arteriosclerotic cardiac vascular changes</i> DUE TO <i>renal disease</i> <i>3</i>			
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.			
19A. DATE OF OPERATION <i>0</i>		19B. MAJOR FINDINGS OF OPERATION	
20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>			
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH <input type="checkbox"/>		21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)			
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
21F. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from <i>3/8/53</i> , 19 <i>53</i> , to <i>4/4</i> , 19 <i>53</i> , that I last saw the deceased alive on <i>4/3</i> , 19 <i>53</i> , and that death occurred at <i>7:45</i> a.m., from the causes and on the date stated above.			
23A. SIGNATURE <i>Anthony J. Thomas</i>		23B. ADDRESS <i>4600 York Road</i>	
23C. DATE SIGNED <i>4/4/53</i>			
24A. BURIAL, CREMATION, REMOVAL (Specify) <i>Burial</i>		24B. DATE <i>4/8/53</i>	
24C. NAME OF CEMETERY OR CREMATORY <i>Zion Cem.</i>		24D. LOCATION (City, town, or county) (State) <i>Pitman, Pa.</i>	
DATE RECEIVED BY LOCAL REGISTRAR <i>APR 5 - 1953</i>		25. FUNERAL DIRECTOR <i>John A. Moran</i>	
REGISTRAR'S SIGNATURE <i>Huntington Williams</i>		ADDRESS <i>3000 E. Bell H</i>	
VS 150		<i>Dr. H. Lewis</i>	

MEDICAL CERTIFICATION

4/1/23

Kater Elizabeth Keller

3239 Hermannstrasse
Koblenz
Pomm.

1/7/1923

James White

N. 24

Pomm.

Catharine Rose

James & Keller, Koblenz

Henry Reed

John A. Brown
John A. Brown
John A. Brown
John A. Brown

4/8/23

James

1-400
53 3335

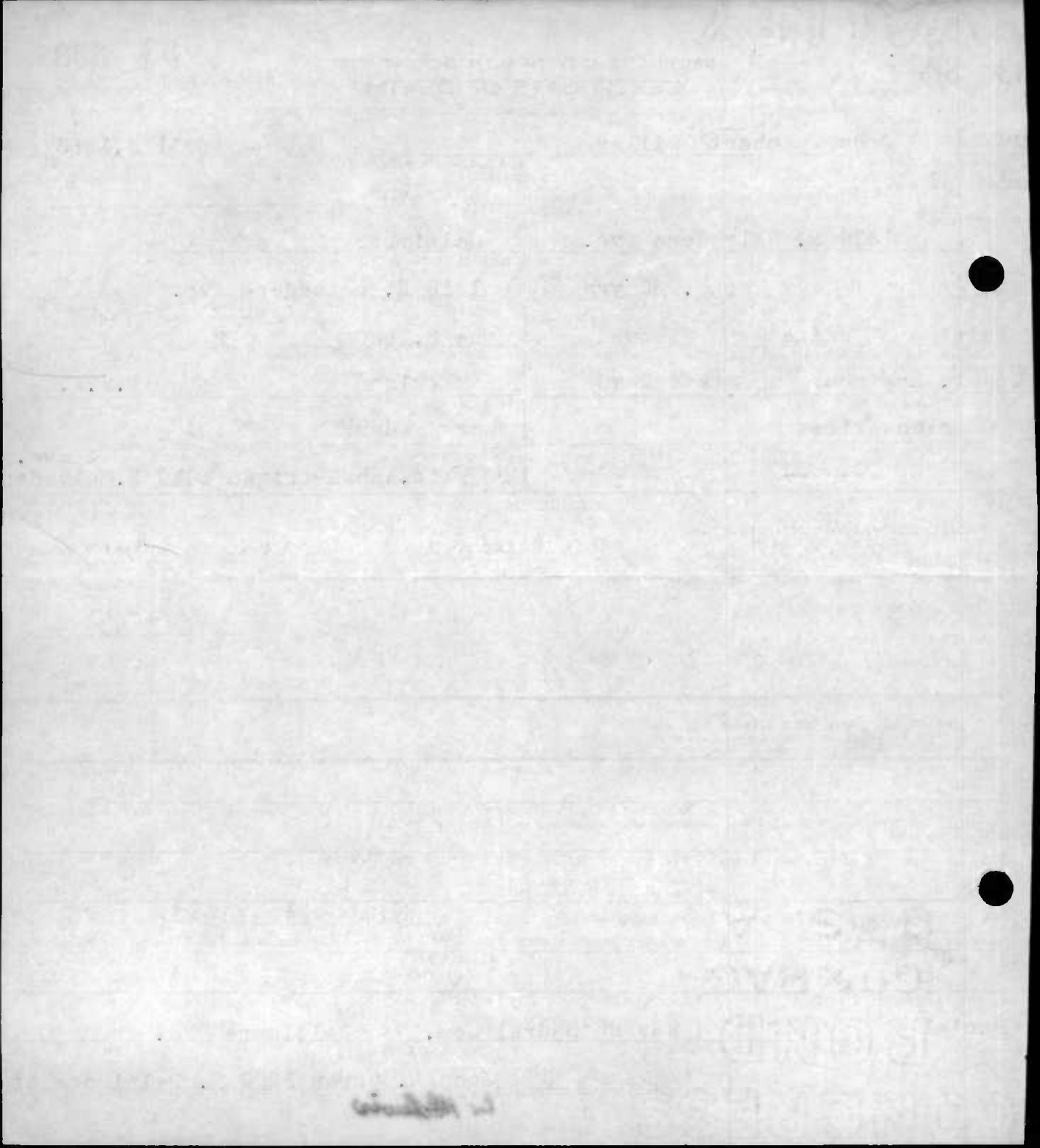
BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

53 3335

Registered No. _____

BIRTH NO.		1. NAME OF DECEASED (Type or Print) Oscar Robert Willey		2. DATE OF DEATH April 3, 1953	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Maryland B. COUNTY _____			
B. FULL NAME OF (If not in hospital or institution, give street address or location) 1319 E. Belvedere Ave.		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore 27-38			
C. Length of stay in Baltimore Appr. 35 yrs Yrs. _____ Mos. _____ Days _____		D. STREET ADDRESS (If rural, give location) 1319 E. Belvedere Ave.			
5. SEX Male	6. COLOR OR RACE White	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Widowed		8. DATE OF BIRTH June 6, 1880	9. AGE (In years last birthday) 72
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Const. Engineer		10B. KIND OF BUSINESS OR INDUSTRY State Roads		11. BIRTHPLACE (State or foreign country) Maryland	
13. FATHER'S NAME Uriah Willey		14. MOTHER'S MAIDEN NAME Mary Adams			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) no		16. SOCIAL SECURITY NO. ?		17. INFORMANT Mrs Eliz. Ann Kerrigan	
18. 153 X DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) Carcinoma of colon DUE TO ? ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. ? OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		CAUSE OF DEATH		INTERVAL BETWEEN ONSET AND DEATH 6-12 mos	
19A. DATE OF OPERATION		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
21A. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH		21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from Apr. 2 , 19 53 , to Apr. 3 , 19 53 , that I last saw the deceased alive on Apr. 2 , 19 53 , and that death occurred at 7a m., from the causes and on the date stated above.					
23A. SIGNATURE Edward Moran		23B. ADDRESS 101 W Read St.		23C. DATE SIGNED 4-4-53	
24A. BURIAL, CREMATION, REMOVAL (Specify) Burial		24B. DATE 4/6/53		24C. NAME OF CEMETERY OR CREMATORY New Cathedral Cem.	
24D. LOCATION (City, town, or county) Baltimore Md.		24E. FUNERAL DIRECTOR John A. Moran 3000 E. Baltimore St			
DATE RECEIVED BY LOCAL REGISTRAR APR 5 - 1953		REGISTRAR'S SIGNATURE Huntington Williams, M.D.		ADDRESS 40424	

MEDICAL CERTIFICATION



-120

53 3336

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

53 3336

Registered No.

BIRTH NO. *hon Res.*1. NAME OF DECEASED
(Type or Print)

JANET SUE DAVIS

2. DATE
OF
DEATH

APRIL 4, 1953

3. PLACE OF DEATH:

a. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived, if institution: residence before admission)

A. STATE

B. COUNTY

West Virginia

b. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location)

MERCY HOSPITAL

c. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

PINE GROVE

d. STREET ADDRESS (If rural, give location)

V-45

c. Length of stay in Baltimore

Yrs.
Mos.
Days

5. SEX

F

6. COLOR OR RACE

W

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

S

8. DATE OF BIRTH

West Va.

9. AGE (in years
last birthday)10 Under 1 Year
Months: Days

10

11 Under 24 Hours
Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

HONOR

10B. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country)

West Va.

12. CITIZEN OF
WHAT COUNTRY?

13. FATHER'S NAME

GEORGE D. DAVIS

14. MOTHER'S MAIDEN NAME

BETTY KIRK

15. WAS DECEASED EVER IN U.S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)16. SOCIAL
SECURITY NO.

17. INFORMANT

ADDRESS

18. 344.1 I

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A)

Myeloccephalus

DUE TO

7 wks. (P)

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B)

Ependymoma

DUE TO

24 hrs.

(C)

II
OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

4-2-53

19B. MAJOR FINDINGS OF OPERATION

Nontumorigenic

20. AUTOPSY?

YES ☒ NO ☐21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH21B. PLACE OF INJURY (e.g., in or
about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

m.

WHILE AT
WORK ☐NOT WHILE
AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from March 28, 1953, to April 4, 1953, that I last saw the deceased alive on April 4, 1953, and that death occurred at 12:10 a.m., from the causes and on the date stated above.

23A. SIGNATURE

Martin Trina - Carter M.D.

23B. ADDRESS

Mercy Hospital

23C. DATE SIGNED

4-4-53

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county) (State)

Burial

April 4, 1953

North View

New Martinsville, W.Va.

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

APR 5 - 1953 Huntington Williams, M.D. John O. Mitchell Rdms Inc. 1900 Eutaw Pl.

DEPARTMENT OF HEALTH
CERTIFICATE OF DEATH

1. Name of deceased		2. Sex		3. Age		4. Date of death	
5. Place of death		6. Cause of death		7. Manner of death		8. Signature of physician	
9. Signature of registrar		10. Signature of medical examiner		11. Signature of coroner		12. Signature of jury	
13. Signature of witness		14. Signature of witness		15. Signature of witness		16. Signature of witness	
17. Signature of witness		18. Signature of witness		19. Signature of witness		20. Signature of witness	
21. Signature of witness		22. Signature of witness		23. Signature of witness		24. Signature of witness	
25. Signature of witness		26. Signature of witness		27. Signature of witness		28. Signature of witness	
29. Signature of witness		30. Signature of witness		31. Signature of witness		32. Signature of witness	
33. Signature of witness		34. Signature of witness		35. Signature of witness		36. Signature of witness	
37. Signature of witness		38. Signature of witness		39. Signature of witness		40. Signature of witness	
41. Signature of witness		42. Signature of witness		43. Signature of witness		44. Signature of witness	
45. Signature of witness		46. Signature of witness		47. Signature of witness		48. Signature of witness	
49. Signature of witness		50. Signature of witness		51. Signature of witness		52. Signature of witness	
53. Signature of witness		54. Signature of witness		55. Signature of witness		56. Signature of witness	
57. Signature of witness		58. Signature of witness		59. Signature of witness		60. Signature of witness	
61. Signature of witness		62. Signature of witness		63. Signature of witness		64. Signature of witness	
65. Signature of witness		66. Signature of witness		67. Signature of witness		68. Signature of witness	
69. Signature of witness		70. Signature of witness		71. Signature of witness		72. Signature of witness	
73. Signature of witness		74. Signature of witness		75. Signature of witness		76. Signature of witness	
77. Signature of witness		78. Signature of witness		79. Signature of witness		80. Signature of witness	
81. Signature of witness		82. Signature of witness		83. Signature of witness		84. Signature of witness	
85. Signature of witness		86. Signature of witness		87. Signature of witness		88. Signature of witness	
89. Signature of witness		90. Signature of witness		91. Signature of witness		92. Signature of witness	
93. Signature of witness		94. Signature of witness		95. Signature of witness		96. Signature of witness	
97. Signature of witness		98. Signature of witness		99. Signature of witness		100. Signature of witness	

262
53 3337BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATHX 53 3337
Registered No.

BIRTH NO.

1. NAME OF DECEASED (Type or Print) <i>Rogers, James K.</i>			2. DATE OF DEATH <i>4-3-53</i>		
3. PLACE OF DEATH: A. Baltimore City, Maryland			4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE <i>MD</i> B. COUNTY <i>BALTO.</i>		
5. FULL NAME OF HOSPITAL OR INSTITUTION <i>Church Home & Hosp.</i>			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <i>Dundalk 53 53</i>		
6. LENGTH OF STAY IN BALTIMORE <i>12 years</i>			D. STREET ADDRESS (If rural, give location) <i>1752 Brookview Rd.</i>		
7. SEX <i>M</i>	8. COLOR OR RACE <i>W</i>	9. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <i>M</i>	10. DATE OF BIRTH <i>July 15, 1889</i>		11. AGE (In years last birthday) <i>63</i>
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>San Jailer SAU FILE</i>			10B. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) <i>S. Carolina</i>
12. CITIZEN OF WHAT COUNTRY? <i>USA</i>			13. FATHER'S NAME <i>Rogers - Herman (M)</i>		
14. MOTHER'S MAIDEN NAME <i>Suffo, Sarah</i>			15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) <i>No</i>		
16. SOCIAL SECURITY NO. <i>186-46-0689</i>			17. INFORMANT <i>Wife - 1752 Brookview Rd.</i>		

18. <i>445X I</i> DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthma, etc. It means the disease, injury or complication which caused death.)	CAUSE OF DEATH (A) <i>Rupture of aorta</i> DUE TO (B) <i>Malignant Hypertension</i> (C) <i>Atherosclerosis</i>	INTERVAL BETWEEN ONSET AND DEATH <i>12 hours</i>
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		

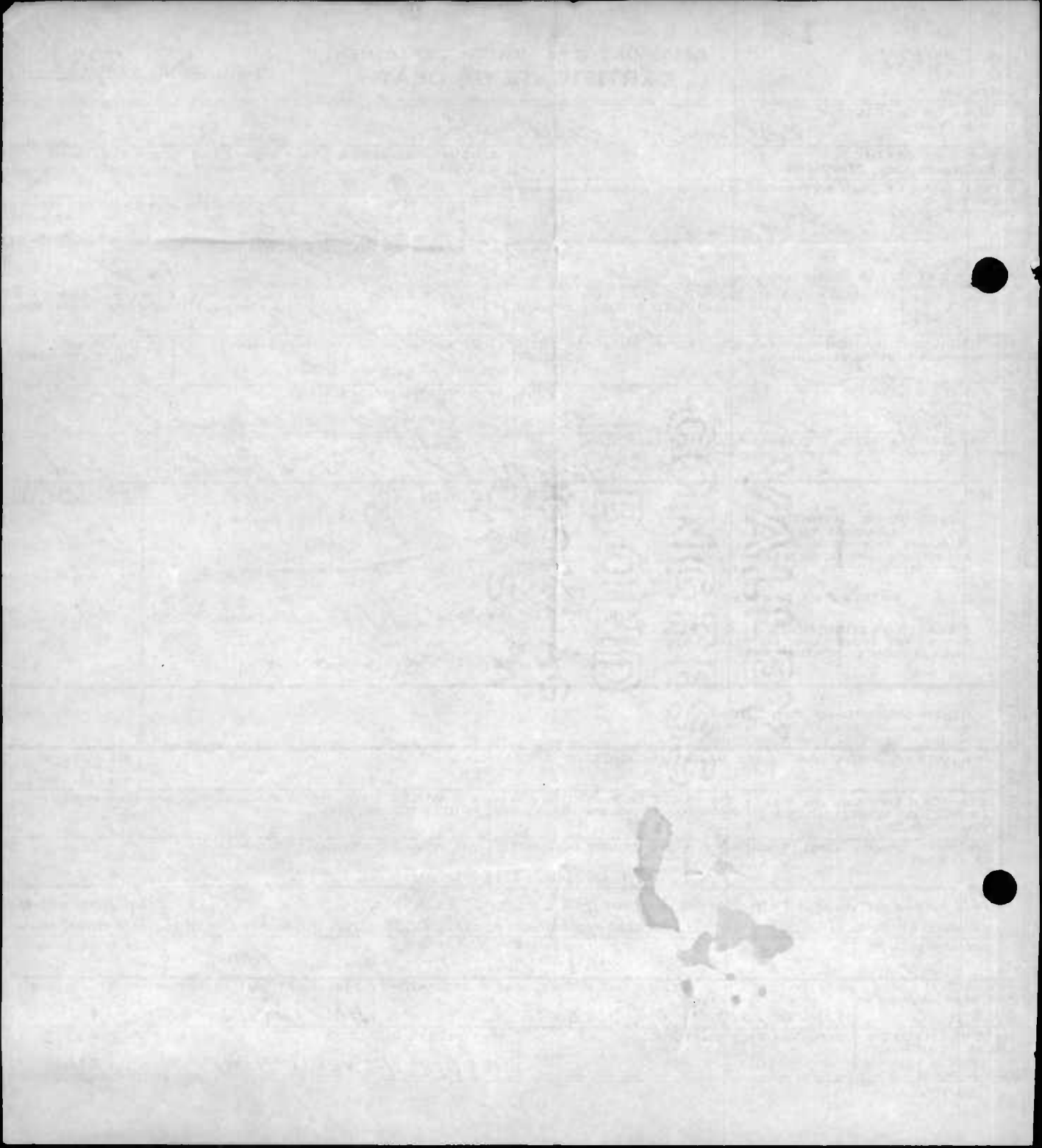
19A. DATE OF OPERATION <i>2</i>		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	

22. I hereby certify that I attended the deceased from *4-1-53* 19*53*, to *4-3-* 19*53* that I last saw the deceased alive on *4-3-* 19*53* and that death occurred at *2:30 pm.*, from the causes and on the date stated above.

23A. SIGNATURE <i>James E. Wood</i>		23B. ADDRESS <i>Church Home & Hosp.</i>		23C. DATE SIGNED <i>4-3-53</i>	
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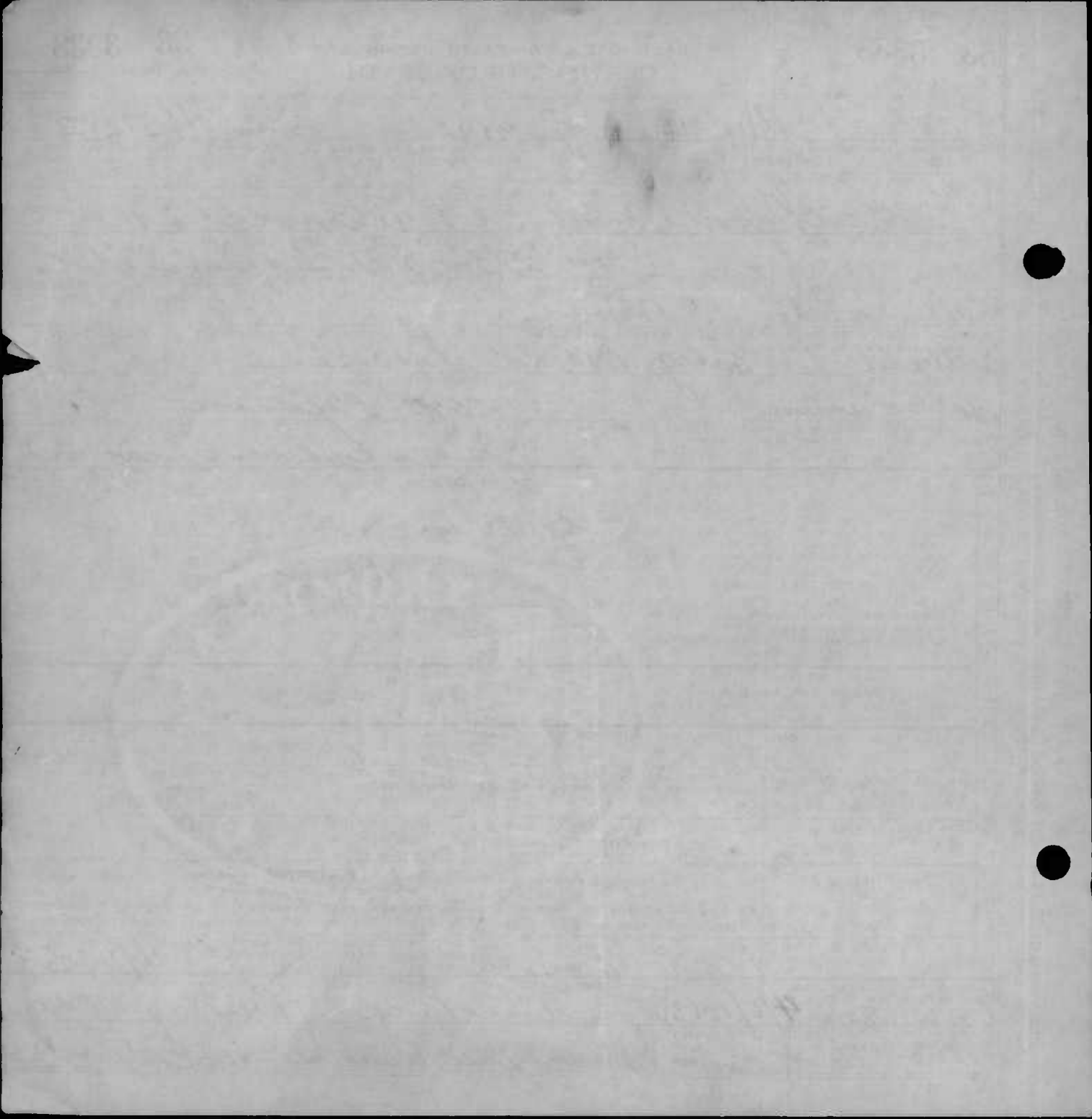
24A. BURIAL, CREMATION, REMOVAL (Specify) <i>REMOVAL</i>		24B. DATE <i>APR. 4, 1953</i>		24C. NAME OF CEMETERY OR CREMATORY <i>FAIRVIEW</i>		24D. LOCATION (City, town, or county) (State) <i>DOWINGTOWN PA</i>	
DATE RECEIVED BY LOCAL REGISTRAR <i>APR 5 - 1953</i>		REGISTRAR'S SIGNATURE		25. FUNERAL DIRECTOR <i>ULLRICH FUNERAL Home</i>		ADDRESS <i>2112 DUNDALK</i>	

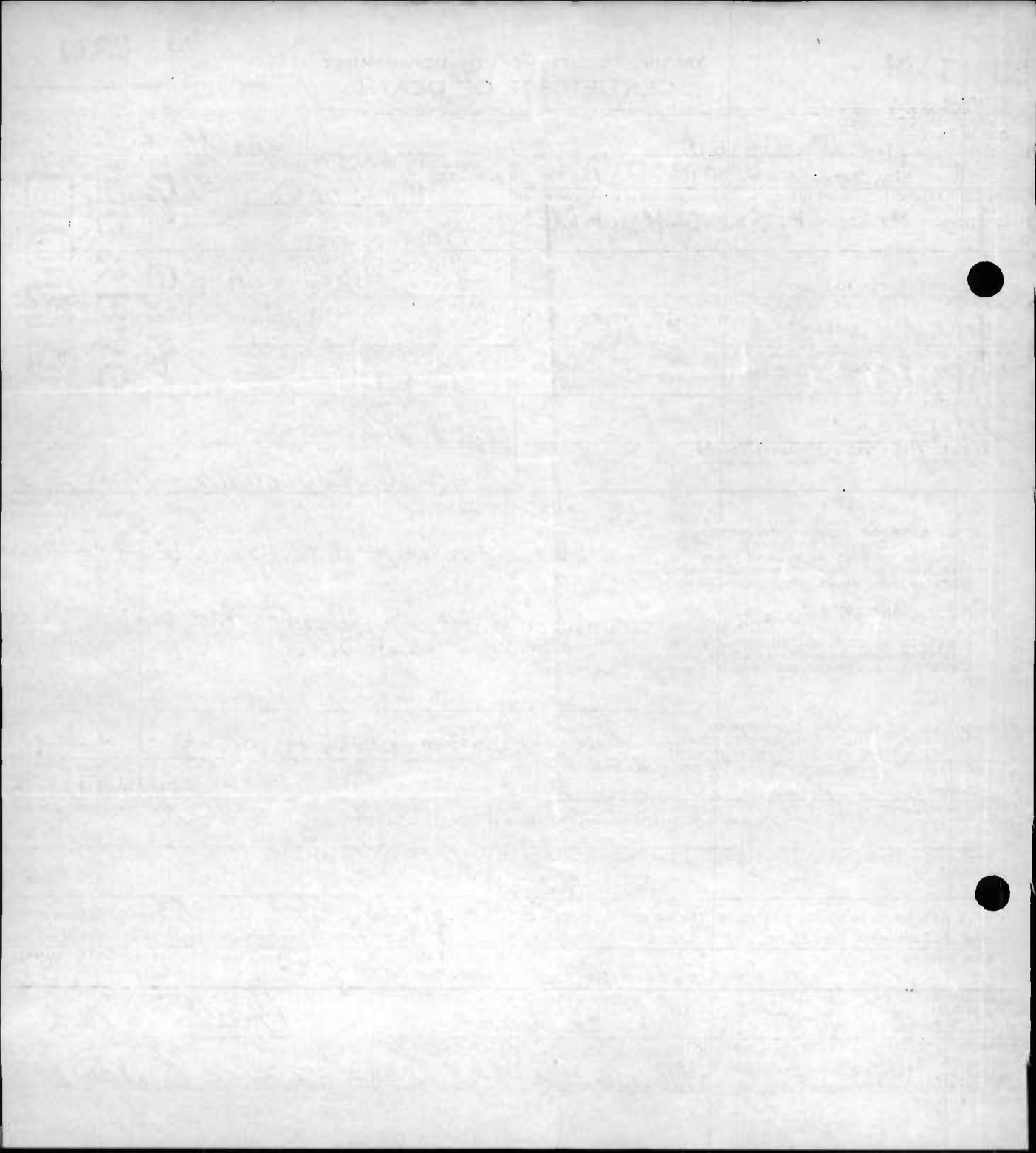
6353D



BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH53 3338
Registered No.

BIRTH NO.				1. NAME OF DECEASED (Type or Print) MORRIS ESKINS				2. DATE OF DEATH 4/3/53			
3. PLACE OF DEATH: A. Baltimore City, Maryland				4. USUAL RESIDENCE (Where deceased lived. If institution; residence before admission) A. STATE Md				B. COUNTY			
B. FULL NAME OF HOSPITAL OR INSTITUTION Lutheron Hospital				C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore				D. STREET ADDRESS (If rural, give location) 7607 W. Garrison Ave			
c. Length of stay in Baltimore 60				5. SEX Male				6. COLOR OR RACE White			
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Widowed				8. DATE OF BIRTH 8/1				9. AGE (in years last birthday) 81			
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired				10B. KIND OF BUSINESS OR INDUSTRY Eng. Br & R				11. BIRTHPLACE (State or foreign country) Russia			
12. CITIZEN OF WHAT COUNTRY U.S.A.				13. FATHER'S NAME Not Known				14. MOTHER'S MAIDEN NAME Not Known			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)				16. SOCIAL SECURITY NO.				17. INFORMANT James Eskin - Chicago Ill			
18. 4/20/53 DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) Arteriosclerotic Heart Disease				CAUSE OF DEATH (A) Arteriosclerotic Heart Disease DUE TO (B) DUE TO (C)				INTERVAL BETWEEN ONSET AND DEATH			
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.				19A. DATE OF OPERATION				19B. MAJOR FINDINGS OF OPERATION			
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>				21A. EXTERNAL CAUSE WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH.				21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)			
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)				21D. TIME (Month) (Day) (Year) (Hour) OF INJURY				21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>			
21F. HOW DID INJURY OCCUR?				22. I certify that I took charge of the remains described above, held an Inspection thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes <input checked="" type="checkbox"/> accident <input type="checkbox"/> suicide <input type="checkbox"/> homicide <input type="checkbox"/> undetermined <input type="checkbox"/> .				23A. SIGNATURE R. J. Fisher			
23B. CHIEF MEDICAL EXAMINER <input checked="" type="checkbox"/> ASSISTANT MEDICAL EXAMINER <input type="checkbox"/> MEDICAL INVESTIGATOR <input type="checkbox"/>				23C. DATE SIGNED 4/4/53				24A. BURIAL, CREMATION, REMOVAL (Specify) cremation			
24B. DATE 4/6/1953				24C. NAME OF CEMETERY OR CREMATORY London Park				24D. LOCATION (City, town, or county) (State) Balto, Md			
DATE RECEIVED BY LOCAL REGISTRAR APR 5 - 1953				REGISTRAR'S SIGNATURE Huntington Williams, M.D.				25. FUNERAL DIRECTOR Jack Lewis			
ADDRESS 2100 Cutaw Pl											





246
53 3340BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH53 3340
Registered No.

BIRTH NO.

1. NAME OF DECEASED (Type or Print) GABRIE CHESHER		2. DATE OF DEATH 4-2-53	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Md B. COUNTY	
B. FULL NAME OF HOSPITAL OR INSTITUTION 3516 Holmes Ave		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore 13-04	
C. Length of stay in Baltimore Life		D. STREET ADDRESS (If rural, give location) 3516 Holmes Ave	
5. SEX Female	6. COLOR OR RACE White	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) married	8. DATE OF BIRTH Sept 6-1891
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) House wife		10B. KIND OF BUSINESS OR INDUSTRY	9. AGE (In years last birthday) 72
11. BIRTHPLACE (State or foreign country) Baltimore Md		12. CITIZEN OF WHAT COUNTRY?	
13. FATHER'S NAME Isaac Whitehall		14. MOTHER'S MAIDEN NAME Matelda	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)		16. SOCIAL SECURITY NO.	
17. INFORMANT Louise Chesler - same		ADDRESS	
18. 420 1 CAUSE OF DEATH			
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)			
(A) Coronary occlusion			
DUE TO			
ANTECEDENT CAUSES			
(B) Arterio sclerosis			
DUE TO			
(C)			
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.			
19A. DATE OF OPERATION		19B. MAJOR FINDINGS OF OPERATION	
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
21A. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	
21C. WHERE DID INJURY OCCUR?		(If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT <input type="checkbox"/> WORK NOT WHILE <input type="checkbox"/> AT WORK	
21F. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from Feb 1 , 19 53 to Apr 1 , 19 53 , that I last saw the deceased alive on April 1 , 19 53 , and that death occurred at 10 P m., from the causes and on the date stated above.			
23A. SIGNATURE Benjamin Kader		23B. ADDRESS 2306 Centaw Pl	
23C. DATE SIGNED 4-3-1953			
24A. BURIAL, CREMATION, REMOVAL (Specify) Burial		24B. DATE 4-5-53	
24C. NAME OF CEMETERY OR CREMATORY Hebrew Friendship		24D. LOCATION (City, town, or county) (State) Balto Md	
DATE RECEIVED BY LOCAL REGISTRAR APR 5-1953		REGISTRAR'S SIGNATURE Huntington Williams, M.D.	
F. FUNERAL DIRECTOR Jack Lewis		ADDRESS 2100 Centaw Pl	

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2706
Latane

CERTIFICATE OF DEATH

NAME OF DECEASED

Page 1 of 1

100
53 3341

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

53 3341

Registered No. _____

BIRTH NO. _____		1. NAME OF DECEASED (Type or Print) Lula Shipe		2. DATE OF DEATH 4/4/53	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived, if institution: residence before admission) A. STATE MD B. COUNTY Prince George			
B. FULL NAME OF HOSPITAL OR INSTITUTION University Hospital		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Laurel			
C. Length of stay in Baltimore 30 Yrs. 11 Mos.		D. STREET ADDRESS (If rural, give location) 401 Washington Ave 66-37			
5. SEX F	6. COLOR OR RACE White	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Widowed	8. DATE OF BIRTH 2/17/83		9. AGE (In years last birthday) 69
10A. USUAL OCCUPATION (Give kind of work done during most of work life, even if retired) H.W.		10B. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) Virginia	
13. FATHER'S NAME Lewis Thompson		16. SOCIAL SECURITY NO.		12. CITIZEN OF WHAT COUNTRY? U.S.	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)		16. SOCIAL SECURITY NO.		17. INFORMANT Minnie Selby 401 Wash Ave	
18. 170X DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)		CAUSE OF DEATH (A) Massive Pulmonary Embolus DUE TO (B) Carcinoma of Breast DUE TO (C) _____			
18. 170X DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)		INTERVAL BETWEEN ONSET AND DEATH			
18. 170X DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.		OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. Obesity			
19A. DATE OF OPERATION 2/24/53		19B. MAJOR FINDINGS OF OPERATION Carcinoma of Breast		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21A. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH		21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from 2/20/53 , 19 53 , to 4/4/53 , 19 53 , that I last saw the deceased alive on 4/4/53 , 19 53 , and that death occurred at 3:45 p.m., from the causes and on the date stated above.					
23A. SIGNATURE George H. Smith		23B. ADDRESS University Hospital		23C. DATE SIGNED 4/4/53	
24A. BURIAL, CREMATION, REMOVAL (Specify) Burial		24B. DATE April 7 1953		24C. NAME OF CEMETERY OR CREMATORY Long Field	
24D. LOCATION (City, town, or county) Laurel		24E. FUNERAL DIRECTOR Huntington Williams, M.D.		24F. ADDRESS Ridgely Selby 401 Wash Ave	
DATE RECEIVED BY LOCAL REGISTRAR APR 5 - 1953		25. FUNERAL DIRECTOR Ridgely Selby 401 Wash Ave			

MEDICAL CERTIFICATION

RECEIVED BY THE DEPARTMENT
CENT. LEAD OF DEATH

CONFIDENTIAL
KELLY

BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

53 3342
Registered No. _____

BIRTH NO. _____

1. NAME OF DECEASED (Type or Print) <u>Rose O'Donovan</u>			2. DATE OF DEATH <u>April 3, 1953</u>		
3. PLACE OF DEATH: A. Baltimore City, Maryland <u>Md. 3</u>			4. USUAL RESIDENCE (Where deceased lived, If institution: residence before admission) A. STATE <u>Md.</u> B. COUNTY _____		
B. FULL NAME OF HOSPITAL OR INSTITUTION <u>JOHNS HOPKINS HOSPITAL</u>			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <u>Baltimore</u>		
C. Length of stay in Baltimore <u>78</u> Yrs. Mos. Days			D. STREET ADDRESS (If rural, give location) <u>700 N. Charles St.</u>		
5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>	8. DATE OF BIRTH <u>9-24-74</u>		9. AGE (In years last birthday) <u>78</u>
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>None</u>		10B. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) <u>Baltimore, Md.</u>	
13. FATHER'S NAME <u>Albert Shriver</u>			14. MOTHER'S MAIDEN NAME <u>Annie Jenkins</u>		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)		16. SOCIAL SECURITY NO.		17. INFORMED ADDRESS <u>JOHNS HOPKINS HOSPITAL</u> <u>Dr. Chas. O'Donovan, Jr., 311 N. Charles</u>	

18. <u>420.1</u> DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) <u>Myocardial Infarction</u>		INTERVAL BETWEEN ONSET AND DEATH <u>2 weeks</u>
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.		
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		

19A. DATE OF OPERATION		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH	21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)		
21D. TIME (Month) (Day) (Year) (Hour) INJURY	21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21F. HOW DID INJURY OCCUR?		
22. I hereby certify that I attended the deceased from <u>3-22, 1953</u> , to <u>4-3, 1953</u> , that I last saw the deceased alive on <u>4-3, 1953</u> , and that death occurred at <u>5 P.m.</u> , from the causes and on the date stated above.				
23A. SIGNATURE <u>Esther L. Ullman</u>		23B. ADDRESS <u>JOHNS HOPKINS HOSPITAL</u>		23C. DATE SIGNED <u>4/3/53</u>
24A. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24B. DATE <u>4/6/53</u>	24C. NAME OF CEMETERY OR CREMATORY <u>New Cathedral</u>	24D. LOCATION (City, town, or county) (State) <u>Baltimore, Md.</u>	

DATE RECEIVED BY LOCAL REGISTRAR <u>APR 5-1953</u>	REGISTRAR'S SIGNATURE <u>Huntington Williams, M.D.</u>	25. FUNERAL DIRECTOR <u>W. W. Meeks and Son</u>	ADDRESS <u>25 N. Calver St.</u>
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140
53 3343BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH53 3343
Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Hively Charles

2. DATE
OF
DEATH

4/5 53

3. PLACE OF DEATH:

A. Baltimore City, Maryland

West Maryland

B. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR INSTITUTION

Franklin Square Hospital.

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE

B. COUNTY

Maryland.

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Baltimore

25-05

D. STREET ADDRESS (If rural, give location)

3701 3701 Pascal av.

C. Length of stay in Baltimore

Yrs.
Mos.
Days

5. SEX

M

6. COLOR OR RACE

W.

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

MARRIED

8. DATE OF BIRTH

4/6/1902

9. AGE (In years, last birthday)

50

If Under 1 Year
Months DaysIf Under 24 Hours
Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Maintenance

10B. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country)

W. Va.

12. CITIZEN OF
WHAT COUNTRY?

U.S.A.

13. FATHER'S NAME

Henry

14. MOTHER'S MAIDEN NAME

Liddy Love

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)16. SOCIAL
SECURITY NO.

17. INFORMANT

ADDRESS

18. 704.2 I

CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY
LEADING TO DEATH

(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Cong. Heart failure.

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B) Monocytic Leukemia.

DUE TO

II

OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

(C)

INTERVAL BETWEEN
ONSET AND DEATH

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☒ NO ☐21A. ACCIDENT, SUICIDE,
HOMICIDE (Specify)21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR? (If in Baltimore City, give exact location)21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

WHILE AT ☐ NOT WHILE
WORK AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 3/28, 1953, to 4/5, 1953 that I last saw the deceased alive on 4/5, 1953, and that death occurred at 2:30 A.M., from the causes and on the date stated above.

23A. SIGNATURE

J. Schirmer

M. D.

23B. ADDRESS

Franklin Square Hosp. Lab

23C. DATE SIGNED

4/5 53

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

Removal

24B. DATE

April 5, 1953

24C. NAME OF CEMETERY OR CREMATORY

Sunset Park

24D. LOCATION (City, town, or county)

Beckley, West Virginia

(State)

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

Huntington Williams, M.D.

FUNERAL DIRECTOR

William Cook Inc. 1217 St. Paul St.

53 3344

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH53 3344
Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

C. Edgar Hearn Jr.

2. DATE
OF
DEATH

Apr/3/53

3. PLACE OF DEATH:

A. Baltimore City, Maryland 512 Glen Allen Drv.

4. USUAL RESIDENCE (Where deceased lived. If institution; residence before admission)
A. STATE Md. B. COUNTYB. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR INSTITUTIONC. CITY OR TOWN (If outside corporate limits, write RURAL and give township)
Baltimore 28-04

C. Length of stay in Baltimore life Yrs. Mos. Days

D. STREET ADDRESS (If rural, give location)

512 Glen Allen Drive

5. SEX

Male

6. COLOR OR RACE

White

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)
Married

8. DATE OF BIRTH

June 18, 1900

9. AGE (in years last birthday)

52

If Under 1 Year Months: Days If Under 24 Hours Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Supvr. of Training

10B. KIND OF BUSINESS OR INDUSTRY

American Oil Co.

11. BIRTHPLACE (State or foreign country)

Balto. Md.

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME

C. Edgar Hearn Sr.

14. MOTHER'S MAIDEN NAME

Mary McFadden

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)

no

16. SOCIAL SECURITY NO.

212-01-9314

17. INFORMANT

ADDRESS

Mrs. Mary W. Hearn 512 Glen Allen Dr

18.

CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH

(This does not mean the mode of dying, e. g., heart failure, asthma, etc. It means the disease, injury or complication which caused death.)

(A)

Coronary Thrombosis

4/3/53

DUE TO

ANTECEDENT CAUSES

(B)

Arterio sclerotic CV Disease 4 yrs

DUE TO

(C)

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED

WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from January 1943 to 4/3, 1953, that I last saw the deceased alive on 4/2, 1953, and that death occurred at 4:35 p.m., from the causes and on the date stated above.

23A. SIGNATURE

23B. ADDRESS

23C. DATE SIGNED

M. D.

3629 Edmondson Ave

4/4/53

24A. BURIAL, CREMATION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county) (State)

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

APR 5 - 1953 Huntington Williams, M.D. Howard Strong 3207 W. North Ave.

Dr. Fouch

CERTIFICATE OF DEATH

1914

Name of Deceased		Sex		Age		Date of Death		Place of Death	
John Doe		Male		45		Jan 15, 1914		New York City	
Cause of Death		Disease		Symptoms		Time of Death		Signature of Physician	
Heart Disease		Myocardial Infarction		Chest Pain, Shortness of Breath		10:30 AM		Dr. Fouch	
Burial Place		Funeral Home		Burial Date		Burial Time		Signature of Undertaker	
St. John's Cemetery		Doe & Sons		Jan 17, 1914		11:00 AM		John Doe	

416

53 3345

BALTIMORE CITY HEALTH DEPARTMENT

53 3345

CERTIFICATE OF DEATH

Registered No.

BIRTH NO. 53-08541		1. NAME OF DECEASED (Type or Print) Baby Girl Oliver		2. DATE OF DEATH 4/4/53	
3. PLACE OF DEATH: A. Baltimore City, Maryland ✓		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE 3629 Edmondson Ave B. COUNTY Baltimore, Md. 20-07			
B. FULL NAME OF HOSPITAL OR INSTITUTION Doctor's Hospital		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Balto, Md. 20-07			
c. Length of stay in Baltimore		D. STREET ADDRESS (If rural, give location)			
5. SEX F.	6. COLOR OR RACE W.	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH 3/27/53	9. AGE (in years last birthday) 8	If Under 1 Year Months: Days: Hours: Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10B. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) Md.	12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME Thomas Junior Oliver		14. MOTHER'S MAIDEN NAME Pauline R. Horst			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)		16. SOCIAL SECURITY NO.		17. INFORMANT ADDRESS Pauline R. Oliver-3629 Edmondson Ave.	
18. 756.0 I DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthma, etc. It means the disease, injury or complication which caused death.)		CAUSE OF DEATH		INTERVAL BETWEEN ONSET AND DEATH	
DUE TO (A) Pyelonephritis				8 d	
ANTECEDENT CAUSES		(B) Possible alcoholism or local inefficiency			
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.		(C)			
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.					
19A. DATE OF OPERATION 0		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
21A. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH		21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from 3/29, 1953, to 4/4, 1953 that I last saw the deceased alive on 4/4, 1953 and that death occurred at 1 P. m., from the causes and on the date stated above.					
23A. SIGNATURE Julius Kobl		23B. ADDRESS 1406 E. Low Rd.		23C. DATE SIGNED 4/4/53	
24A. BURIAL, CREMATION, REMOVAL (Specify)		24B. DATE April 6, 1953		24C. NAME OF CEMETERY OR CREMATORY Parkwood New Taylor Ave. Balto Md.	
24D. LOCATION (City, town, or county) (State)		25. FUNERAL DIRECTOR		ADDRESS	
DATE RECEIVED BY LOCAL REGISTRAR APR 6 - 1953 VS 150		REGISTRAR'S SIGNATURE Huntington Williams, M.D.		25. FUNERAL DIRECTOR Paul C. Miller, Inc 2431 E. Oliver St	

MEDICAL CERTIFICATION

155
53 3346BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH53 3346
Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Elsie Chapman

2. DATE
OF
DEATH

Apr. 4, 1953

3. PLACE OF DEATH:

A. Baltimore City, Maryland ✓

B. FULL NAME OF
HOSPITAL OR
INSTITUTION (If not in hospital or institution, give street address or location)

University Hospital

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE

Md

B. COUNTY

C. CITY OR TOWN

Baltimore 27-38

D. STREET ADDRESS (If rural, give location)

1563 Wadsworth Way

5. SEX

F

6. COLOR OR RACE

W

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

W

Yrs.
x Mos.
Days

8. DATE OF BIRTH

8-7-1890

9. AGE (In years
last birthday)

63

10. Under 1 Year
Months: Days11. Under 24 Hours
Hours: Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

Housewife

10B. KIND OF BUSINESS OR
INDUSTRY

11. BIRTHPLACE (State or foreign country)

Md.

12. CITIZEN OF
WHAT COUNTRY?

U.S.

13. FATHER'S NAME

James R. Stevens

14. MOTHER'S MAIDEN NAME

Hannah E. Melson

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown)

(If yes, give war or dates of service)

16. SOCIAL
SECURITY NO.

17. INFORMANT

Henry B. Everitt

ADDRESS

Same

18. 331X

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A) DUE TO

Cerebro-vascular accident

2-3 min.

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.(B) DUE TO
(C)II
OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

Diverticulitis

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☒ NO ☐21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

n.

WHILE AT
WORK ☐NOT WHILE
AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 3-28, 1953 to 4-4, 1953, that I last saw the
deceased alive on 4-3, 1953, and that death occurred at 1:30 A.m., from the causes and on the date stated above.

23A. SIGNATURE

C. E. Stennett

M. O.

23B. ADDRESS

University Hospital

23C. DATE SIGNED

4/4/53

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

Burial

24B. DATE

4-7-53

24C. NAME OF CEMETERY OR CREMATORY

First Methodist

24D. LOCATION (City, town, or county)

Baltimore, Md.

(State)

25. FUNERAL DIRECTOR

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

Huntington Williams

25. FUNERAL DIRECTOR

John C. Melby Inc. 2421 E. Oliver St

11

452
53 3347BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH53 3347
Registered No.

BIRTH NO.

1. NAME OF DECEASED (Type or Print) MARIA A. BALLING		2. DATE OF DEATH APRIL 4, 1953	
3. PLACE OF DEATH: A. Baltimore City, Maryland BALTIMORE, MD		4. USUAL RESIDENCE (Where deceased lived, If institution: residence before admission) A. STATE Maryland B. COUNTY Baltimore	
B. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION Lutheran Hospital of Maryland		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) BALTIMORE, MD 5353	
D. STREET ADDRESS (If rural, give location) 44 Liberty Park Way		5. LENGTH OF stay in Baltimore 19 Yrs. Mos. Days	
5. SEX Female	6. COLOR OR RACE White	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH SEPT. 8, 1892
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10B. KIND OF BUSINESS OR INDUSTRY	9. AGE (In years last birthday) 60 If Under 1 Year: Months: Days If Under 24 Hours: Hours: Min.
11. BIRTHPLACE (State or foreign country) BALTO., Md.		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13. FATHER'S NAME CHARLES FISHER		14. MOTHER'S MAIDEN NAME SOPHIA VITTE	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) No (If yes, give war or dates of service)		16. SOCIAL SECURITY NO. NONE	
17. INFORMANT JULIUS J. BALLING		ADDRESS SAME	

18. 420.1 DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, ashenia, etc. It means the disease, injury or complication which caused death.) CARDIAC ARREST DUE TO Myocardial Infarction CORONARY THROMBOSIS	INTERVAL BETWEEN ONSET AND DEATH Immediate 17 days 17 days
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.	

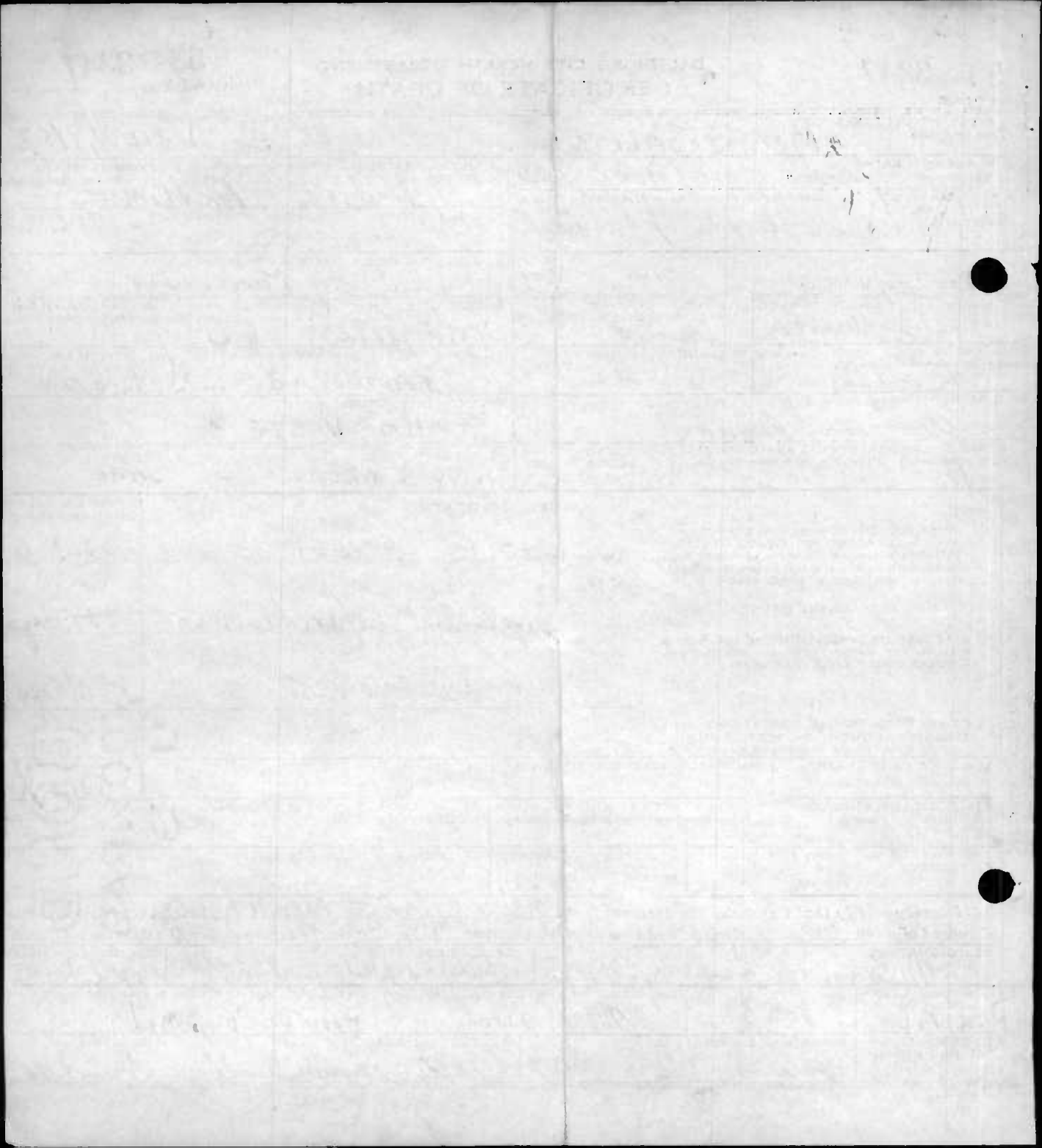
19A. DATE OF OPERATION 0		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)	21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)		
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY	21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21F. HOW DID INJURY OCCUR?		

22. I hereby certify that I attended the deceased from **MARCH 17, 1953** to **APRIL 17, 1953** that I last saw the deceased alive on **APRIL 4, 1953**, and that death occurred at **7:30 p.m.**, from the causes and on the date stated above.

23A. SIGNATURE **William D. Rosson, M.D.** 23B. ADDRESS **Lutheran Hospital of Md.** 23C. DATE SIGNED **April 4, 1953**

24A. BURIAL, CREMATION, REMOVAL (Specify) BURIAL	24B. DATE 4-8-53	24C. NAME OF CEMETERY OR CREMATORY OAK LAWN	24D. LOCATION (City, town, or county) (State) BALTO. CO., Md.
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DATE RECEIVED BY LOCAL REGISTRAR APR 6 - 1953	REGISTRAR'S SIGNATURE Huntington Williams, M.D.	25. FUNERAL DIRECTOR Walter Frank Bradley	ADDRESS Quindale
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BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATHRegistered No. **53 3348**

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)**MICHAEL Edward Cox**2. DATE
OF
DEATH**4/3/53**

3. PLACE OF DEATH:

A. Baltimore City, Maryland **Baltimore Md**

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE

B. COUNTY

Md.

B. FULL NAME OF (If not in hospital or institution, give street address or location)

**Mary Hospital
300 N. E. Calvert St.**

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Baltimore 7-05

D. STREET ADDRESS (If rural, give location)

808 N. Chapel St.

c. Length of stay in Baltimore

43Yrs.
Mos.
Days

5. SEX

Male

6. COLOR OR RACE

White

7. SINGLE, MARRIED,

WIDOWED, DIVORCED (Specify)

Married

8. DATE OF BIRTH

Sept. 28, 1908

9. AGE (In years last birthday)

43

H Under 1 Year

Months Days

H Under 24 Hours

Hours Min.

10 2

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Chauffeur

10B. KIND OF BUSINESS OR INDUSTRY

Truck

11. BIRTHPLACE (State or foreign country)

Baltimore Md.

12. CITIZEN OF WHAT COUNTRY?

U.S.A.

13. FATHER'S NAME

Michael Edward Cox sr.

14. MOTHER'S MAIDEN NAME

Anna J. Brehoff

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)

No

16. SOCIAL SECURITY NO.

17. INFORMANT

ADDRESS

Mrs Mary Cox 808 N. Chapel St.18. **420.1**

CAUSE OF DEATH

INTERVAL BETWEEN ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH

(This does not mean the mode of dying, e. g., heart failure, asphyxia, etc. It means the disease, injury or complication which caused death.)

(A) **CORONARY SCLEROSIS**

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

DUE TO

(C)

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☒ NO ☐21A. EXTERNAL CAUSE WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH.

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED

in.

WHILE AT WORK ☐NOT WHILE AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I certify that I took charge of the remains described above, held an **Autopsy** thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☒ accident ☐ suicide ☐ homicide ☐ undetermined ☐.

23A. SIGNATURE

R. Fisher M.D.23B. CHIEF MEDICAL EXAMINER.....☒ ASSISTANT MEDICAL EXAMINER.....☐ MEDICAL INVESTIGATOR.....☐

23C. DATE SIGNED

4/4/53

24A. BURIAL, CREMATION, REMOVAL (Specify)

Burial

24B. DATE

4-7-53

24C. NAME OF CEMETERY OR CREMATORY

Oak Hill Cemetery

24D. LOCATION (City, town, or county)

Baltimore Md.

(State)

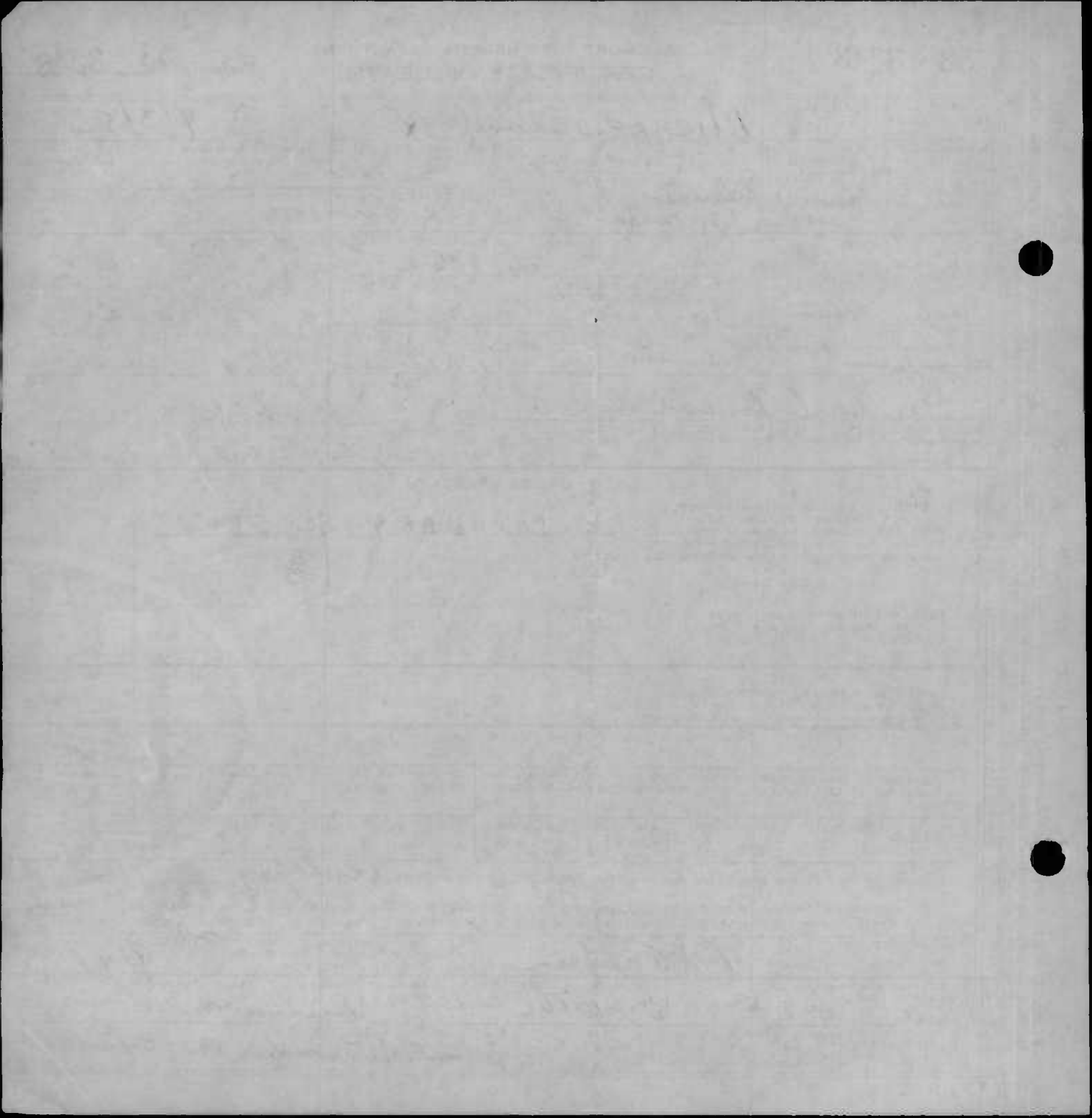
DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

Huntington Williams

25. FUNERAL DIRECTOR

Elmer W. Conklin 5444 Belair Rd. Bk.



-640
53 3349BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH53 3349
Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Charles Birley

2. DATE
OF
DEATH

APR 5 1953

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location)

JOHNS HOPKINS HOSPITAL

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE

Md.

B. COUNTY

Prince George's

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

LANHAM,

6600

D. STREET ADDRESS (If rural, give location)

13 Fowler Lane

C. Length of stay in Baltimore

Yrs.
Mos.
Days

5. SEX

male

6. COLOR OR RACE

white

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

W.

8. DATE OF BIRTH

12-27-12

9. AGE (in years
last birthday)

40

If Under 1 Year
Months: DaysIf Under 24 Hours
Hours: Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)10B. KIND OF BUSINESS OR
INDUSTRY

11. BIRTHPLACE (State or foreign country)

12. CITIZEN OF
WHAT COUNTRY?

13. FATHER'S NAME

14. MOTHER'S MAIDEN NAME

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)16. SOCIAL
SECURITY NO.

17. INFORMANT

ADDRESS

JOHNS HOPKINS HOSPITAL

18. 201X

CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A) DUE TO

Hodgkins Disease

INTERVAL BETWEEN
ONSET AND DEATH

22 mos.

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.(B) DUE TO
(C)II
OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☒ NO ☐21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

m.

WHILE AT
WORK ☐NOT WHILE
AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 3-18-1953 to 4-5-1953 that I last saw the
deceased alive on 4-5-1953 and that death occurred at 3:15 a.m., from the causes and on the date stated above.

23A. SIGNATURE

Alexander H. Lott

M. D.

23B. ADDRESS

JOHNS HOPKINS HOSPITAL

23C. DATE SIGNED

4/5/53

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

Removal

24B. DATE

April 5, 1953

24C. NAME OF CEMETERY OR CREMATORY

Riversdale

24D. LOCATION (City, town, or county)

Riversdale, Md.

(State)

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

Huntington Williams, M.D.

25. FUNERAL DIRECTOR

W. W. Chambers

ADDRESS

Riversdale, Md.

DEPARTMENT OF HEALTH
CERTIFICATE OF DEATH

FILE NO. 100-100000

DEPT. OF HEALTH

100-100000

100-100000

100-100000

1

100-100000

236

53 3350

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

53 3350

Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Stanley Leon Chester

2. DATE
OF
DEATH

Apr. 4 '53

3. PLACE OF DEATH:

A. Baltimore City, Maryland

1st fl 2nd

B. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR INSTITUTION

JOHNS HOPKINS HOSPITAL

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE

B. COUNTY

C. CITY OR TOWN

(If outside corporate limits, write RURAL and give township)

D. STREET ADDRESS (If rural, give location)

c. Length of stay in Baltimore

Yrs.
Mos.
Days

5. SEX

6. COLOR OR RACE

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

8. DATE OF BIRTH

9. AGE (In years
last birthday)If Under 1 Year
Months: DaysIf Under 24 Hours
Hours: Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)10B. KIND OF BUSINESS OR
INDUSTRY

11. BIRTHPLACE (State or foreign country)

12. CITIZEN OF
WHAT COUNTRY?

13. FATHER'S NAME

14. MOTHER'S MAIDEN NAME

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)16. SOCIAL
SECURITY NO.

17. INSTITUTE ADDRESS

18. 002X

CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

DUE TO

Pulmonary Tuberculosis

INTERVAL BETWEEN
ONSET AND DEATH

Years

II
OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

m.

WHILE AT
WORK ☐NOT WHILE
AT WORK ☐22. I hereby certify that I attended the deceased from Mar. 24, 1953 to Apr. 4, 1953 that I last saw the
deceased alive on Apr. 4, 1953 and that death occurred at 2:30 pm, from the causes and on the date stated above.

23A. SIGNATURE

23B.

JOHNS HOPKINS HOSPITAL

23C. DATE SIGNED

4/5/53

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county)

(State)

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

APR 6 - 1953

Huntington Williams, M.D.

Herbert M. St. Clair Jr

ADDRESS

Cambridge Md

300

53 3351

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 53 3351

BIRTH NO.

1. NAME OF DECEASED (Type or Print) GEORGE THOMAS LLOYD		2. DATE OF DEATH 3 April 1953	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE MD. B. COUNTY BALTO. CITY	
B. FULL NAME OF (If not in hospital or institution, give street address or HOSPITAL OR INSTITUTION 430 S. Smallwood Street Baltimore 23 Md.		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) BALTO. 20-05	
D. STREET ADDRESS (If rural, give location) 430 S. Smallwood St. Balto. 23.		E. DATE OF BIRTH 5-13-01	
F. AGE (In years last birthday) 52		G. Under 1 Year Months: Days	
H. Under 24 Hours Hours: Min.		I. CITIZEN OF WHAT COUNTRY? USA	
J. BIRTHPLACE (State or foreign country) BALTIMORE		K. MOTHER'S MAIDEN NAME ELIZABETH LEIBOLD	
L. FATHER'S NAME WILLIAM H. LLOYD		M. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) No	
N. SOCIAL SECURITY NO.		O. INFORMANT ADDRESS HERMANG. HEFFTER 521 S. BENTALOU ST.	

18. 581.0 DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)		CAUSE OF DEATH		INTERVAL BETWEEN ONSET AND DEATH	
(A) HEPATIC CIRRHOSIS		DUE TO		SEPT. 1952	
ANTECEDENT CAUSES		(B)		10 April 1953	
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.		DUE TO			
(C)					
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		NONE APPARENT			

19A. DATE OF OPERATION Nov. 1952		19B. MAJOR FINDINGS OF OPERATION SEE UNIVERSITY HOSP. HEPATIC CIRRHOSIS RECORD - DR. T. ADAMS		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21A. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING CAUSE OF DEATH No		21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from 20 April , 1953, to 30 April , 1953, that I last saw the deceased alive on 20 April , 1953, and that death occurred at 7:30 A.M. , from the causes and on the date stated above.					
23A. SIGNATURE Donald E. Fisher		23B. ADDRESS CATANSVILLE MD. 107 S. BELLE GROVE RD.		23C. DATE SIGNED 30 April 1953	
24A. BURIAL, CREMATION, REMOVAL (Specify) Burial		24B. DATE April 6, 53		24C. NAME OF CEMETERY OR CREMATORY Loudon Park Cem.	
24D. LOCATION (City, town, or county) Frederick Road		24E. DATE RECEIVED BY LOCAL REGISTRAR APR 6 - 1953		24F. REGISTRAR'S SIGNATURE Huntington Williams, M.D.	
24G. FUNERAL DIRECTOR JOHN F. DENNY, INC.		24H. ADDRESS 715 Light St.		24I. VS 150	

51550

STATE OF NEW YORK
DEPARTMENT OF HEALTH
OFFICE OF THE ATTORNEY GENERAL
BUREAU OF VITAL RECORDS
CERTIFICATE OF DEATH

1. Name of Deceased		2. Sex		3. Age		4. Date of Death	
5. Place of Birth		6. Usual Residence		7. Cause of Death		8. Manner of Death	
9. Occupation		10. Education		11. Marital Status		12. Social Security Number	
13. Name of Physician		14. Name of Funeral Home		15. Name of Burial Place		16. Name of Interment Place	
17. Name of Informant		18. Signature of Informant		19. Signature of Registrar		20. Date of Registration	

MAR/ 132498

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH53 3352
Registered No.

53 3352

BIRTH NO.

1. NAME OF DECEASED (Type or Print) William Wasmuth			2. DATE OF DEATH Apr. 2, 1953		
3. PLACE OF DEATH: A. Baltimore City, Maryland			4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Maryland B. COUNTY		
5. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTE Baltimore City Hospitals 4940 Eastern Avenue			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore		
6. Length of stay in Baltimore Life			D. STREET ADDRESS (If rural, give location) 4940 Eastern Ave. Balto. City Hospitals		
7. SEX Male	8. COLOR OR RACE White	9. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Single	10. DATE OF BIRTH Feb. 5, 1859		11. AGE (In years last birthday) 94
12. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		13. KIND OF BUSINESS OR INDUSTRY		14. BIRTHPLACE (State or foreign country) Maryland	
15. FATHER'S NAME Frederick Wasmuth			16. MOTHER'S MAIDEN NAME Catherine Leofler		
17. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)		18. SOCIAL SECURITY NO.		19. INFORMANT ADDRESS B. C. H. 4940 Eastern Ave. (records)	

18. 157x DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) Carcinoma of Pancreas		INTERVAL BETWEEN ONSET AND DEATH
(A) DUE TO Arteriosclerosis, Generalized		
(B) DUE TO		
C. DUE TO		
D. DUE TO		
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BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

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53 3353

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 53 3353

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

JAMES RICHARD CHEEZUM

2. DATE
OF DEATH April 3, 1953

3. PLACE OF DEATH:

A. Baltimore City, Maryland Charles & 24th St.

B. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR Melchor Nursing Home
INSTITUTION4. USUAL RESIDENCE (Where deceased lived, if institution: residence before admission)
A. STATE Maryland B. COUNTYC. CITY OR TOWN (If outside corporate limits, write RURAL and give township)
Baltimore 26-10

D. STREET ADDRESS (If rural, give location)

501 N. East Ave.

5. SEX

Male

6. COLOR OR RACE

White

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

Divorced

8. DATE OF BIRTH

April 25, 1884

9. AGE (In years
last birthday)

68

If Under 1 Year Months: Days If Under 24 hours Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)
Power engineer10B. KIND OF BUSINESS OR INDUSTRY
Standard Oil Co.

11. BIRTHPLACE (State or foreign country)

Maryland

12. CITIZEN OF
WHAT COUNTRY?

13. FATHER'S NAME

Charles Cheezum

14. MOTHER'S MAIDEN NAME

Emma Bartlett

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)
No.16. SOCIAL
SECURITY NO.
214-01-4204

17. INFORMANT

ADDRESS

Mrs. Bernice Von Paris 1522 Stonewood "d

18. 420.1

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) acute Myocardial Infarction

DUE TO

1 hour

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.(B) coronary arteriosclerotic thrombosis
DUE TO
(C) generalized arteriosclerosis

II

OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION 0

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

WHILE AT ☐ NOT WHILE ☐
WORK AT WORK

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from July, 1952, to April 3, 1953, that I last saw the deceased alive on March 26, 1953, and that death occurred at 7:20 A.M., from the causes and on the date stated above.

23A. SIGNATURE

Abraham Benecio

M. D.

23B. ADDRESS

1109 N. Calvert St. Balt. 24

23C. DATE SIGNED

4/4/53

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)
Burial

24B. DATE

April 6, 1953

24C. NAME OF CEMETERY OR CREMATORY

Spring Hill

24D. LOCATION (City, town, or county)

Easton, Md.

(State)

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

Huntington Williams, M.D.

25. FUNERAL DIRECTOR

ADDRESS

Ulrich Funeral Home 2008 Orleans St.

58345

STATE OF NEW YORK
DEPARTMENT OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

1. NAME OF DECEASED		2. SEX		3. AGE		4. DATE OF DEATH	
5. PLACE OF DEATH		6. OCCUPATION		7. CAUSE OF DEATH		8. MANNER OF DEATH	
9. SIGNATURE OF DECEASED		10. SIGNATURE OF WITNESSES		11. SIGNATURE OF PHYSICIAN		12. SIGNATURE OF REGISTRAR	
13. SIGNATURE OF CLERK		14. SIGNATURE OF JUDGE		15. SIGNATURE OF SHERIFF		16. SIGNATURE OF CORONER	
17. SIGNATURE OF DISTRICT ATTORNEY		18. SIGNATURE OF COUNTY CLERK		19. SIGNATURE OF TOWN CLERK		20. SIGNATURE OF VILLAGE CLERK	
21. SIGNATURE OF POSTMASTER		22. SIGNATURE OF SCHOOL SUPERVISOR		23. SIGNATURE OF CHURCH CLERG		24. SIGNATURE OF MINISTERS	
25. SIGNATURE OF RAILROAD COMMISSIONER		26. SIGNATURE OF STATE COMMISSIONER		27. SIGNATURE OF DEPT. OF HEALTH		28. SIGNATURE OF BUREAU OF VITAL STATISTICS	
29. SIGNATURE OF BUREAU OF VITAL STATISTICS		30. SIGNATURE OF BUREAU OF VITAL STATISTICS		31. SIGNATURE OF BUREAU OF VITAL STATISTICS		32. SIGNATURE OF BUREAU OF VITAL STATISTICS	
33. SIGNATURE OF BUREAU OF VITAL STATISTICS		34. SIGNATURE OF BUREAU OF VITAL STATISTICS		35. SIGNATURE OF BUREAU OF VITAL STATISTICS		36. SIGNATURE OF BUREAU OF VITAL STATISTICS	
37. SIGNATURE OF BUREAU OF VITAL STATISTICS		38. SIGNATURE OF BUREAU OF VITAL STATISTICS		39. SIGNATURE OF BUREAU OF VITAL STATISTICS		40. SIGNATURE OF BUREAU OF VITAL STATISTICS	
41. SIGNATURE OF BUREAU OF VITAL STATISTICS		42. SIGNATURE OF BUREAU OF VITAL STATISTICS		43. SIGNATURE OF BUREAU OF VITAL STATISTICS		44. SIGNATURE OF BUREAU OF VITAL STATISTICS	
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89. SIGNATURE OF BUREAU OF VITAL STATISTICS		90. SIGNATURE OF BUREAU OF VITAL STATISTICS		91. SIGNATURE OF BUREAU OF VITAL STATISTICS		92. SIGNATURE OF BUREAU OF VITAL STATISTICS	
93. SIGNATURE OF BUREAU OF VITAL STATISTICS		94. SIGNATURE OF BUREAU OF VITAL STATISTICS		95. SIGNATURE OF BUREAU OF VITAL STATISTICS		96. SIGNATURE OF BUREAU OF VITAL STATISTICS	
97. SIGNATURE OF BUREAU OF VITAL STATISTICS		98. SIGNATURE OF BUREAU OF VITAL STATISTICS		99. SIGNATURE OF BUREAU OF VITAL STATISTICS		100. SIGNATURE OF BUREAU OF VITAL STATISTICS	

53 3354

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH53 3354
Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Thomas

DREW

2. DATE
OF
DEATH

4/5/53

3. PLACE OF DEATH:

A. Baltimore City, Maryland Baltimore Md.B. FULL NAME OF
HOSPITAL OR
INSTITUTION

City Hospital

4. USUAL RESIDENCE (Where deceased lived. If institution: residence
before admission)

A. STATE

Maryland

B. COUNTY

BALTO

C. CITY OR TOWN (If outside corporate limits, write RURAL and give
township)

Baltimore

D. STREET ADDRESS (If rural, give location)

1321 Pine Grove Ave

c. Length of stay in Baltimore

15 years

5. SEX

Male

6. COLOR OR RACE

white

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

married

8. DATE OF BIRTH

July 4-1900

9. AGE (In years
last birthday)

52

10. Under 1 Year
Months: Days

9 1

11. Under 24 Hours
Hours: Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

Customs Inspector

10B. KIND OF BUSINESS OR
INDUSTRY

11. BIRTHPLACE (State or foreign country)

Brooklyn N.Y.

12. CITIZEN OF
WHAT COUNTRY?

U.S.A.

13. FATHER'S NAME

Thomas J. Drew

14. MOTHER'S MAIDEN NAME

Katherine Burke

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)16. SOCIAL
SECURITY NO.

17. INFORMANT

Sam. D. Samuel J. Drew 1321 Pine Ave

ADDRESS

18. E816.4

CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A) DUE TO

CRUSHING Injury of
CHEST

ANTECEDENT CAUSES

(B) DUE TO

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(C) DUE TO

II
OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.INTERVAL BETWEEN
ONSET AND DEATH

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒21A. EXTERNAL CAUSE WAS
UNDERLYING OR CONTRIB-
UTING CAUSE OF DEATH.21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)

STREET

21C. WHERE DID
INJURY OCCUR? (If in Baltimore City, give exact location)

RTE 7 + RTE 40

21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

4 5 53 2A

21E. INJURY OCCURRED

WHILE AT
WORK ☐NOT WHILE
AT WORK ☒

21F. HOW DID INJURY OCCUR?

Auto - Auto Collision

22. I certify that I took charge of the remains described above, held an Inspection thereon and from
Autopsy, Inspection or Inquiry
the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above,
and death in my opinion resulted from: natural causes ☐ accident ☒ suicide ☐ homicide ☐ undetermined ☐.

23A. SIGNATURE

R. F. Fisher

23B. CHIEF MEDICAL EXAMINER.....
M.D. ASSISTANT MEDICAL EXAMINER.....
MEDICAL INVESTIGATOR.....23C. DATE SIGNED
4/5/5324A. BURIAL, CREMA-
TION, REMOVAL (Specify)

Burial

24B. DATE

April 10-1953

24C. NAME OF CEMETERY OR CREMATORY

Long Island National Cemetery Suffolk Ct. N. Y.

24D. LOCATION (City, town, or county)

(State)

DATE RECEIVED BY
LOCAL REGISTRAR

APR 6-1953

REGISTRAR'S SIGNATURE

Huntington Williams, M.D.

25. FUNERAL DIRECTOR

Joseph. Faure, Inc. 712-14E North Ave

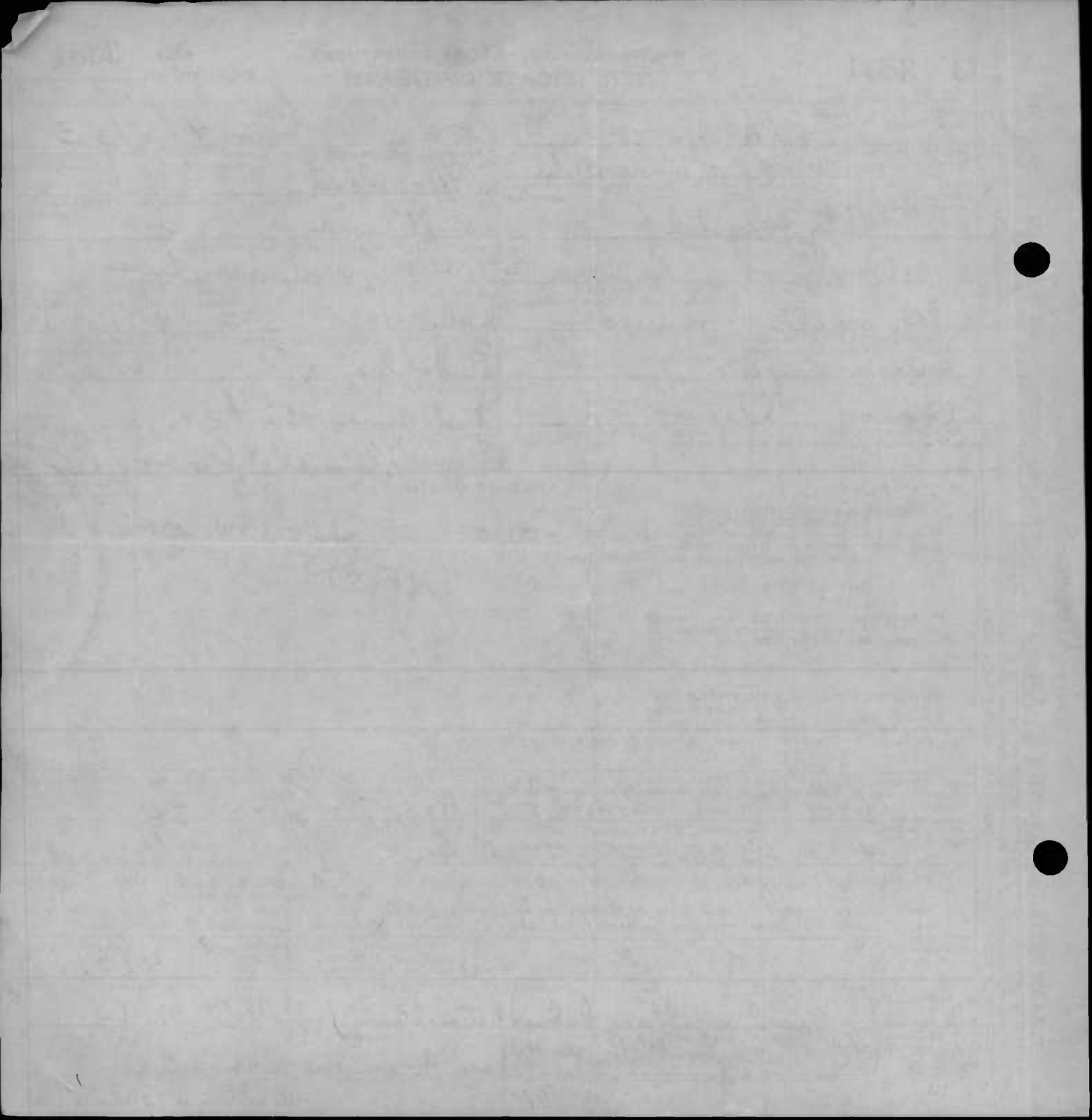
ADDRESS

Balto. 2-Md.

VS 151

N 862.2

21091



BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH53 3355
Registered No.

BIRTH NO. 53 3355		1. NAME OF DECEASED (Type or Print) EMIL BECKER		2. DATE OF DEATH 4/3/53	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE MD B. COUNTY			
B. FULL NAME OF HOSPITAL OR INSTITUTION Union Memorial Hosp		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore 26-02			
c. Length of stay in Baltimore 36 Yrs. Mos. Days		D. STREET ADDRESS (If rural, give location) 4310 Parkwood Ave			
5. SEX M	6. COLOR OR RACE W	7. SINGLE, MARRIED WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH Sept 9-1898	9. AGE (in years last birthday) 64	If Under 1 Year Months Days If Under 24 Hours Hours Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Watchman		10B. KIND OF BUSINESS OR INDUSTRY Walsh Const Co		11. BIRTHPLACE (State or foreign country) Germany	
13. FATHER'S NAME Geo. Becker		14. MOTHER'S MAIDEN NAME Unknown. Becker?		12. CITIZEN OF WHAT COUNTRY? USA	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) No		16. SOCIAL SECURITY NO. 218-10-5183		17. INFORMANT ADDRESS Mrs Emil Becker 4310 Parkwood Ave	
18. E812.4 DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) Cerebral CONTUSION (A) FRACTURE OF Pelvis FRACTURE RT ARM (B) FRACTURE RT ARM (C) FRACTURE RT ARM		CAUSE OF DEATH		INTERVAL BETWEEN ONSET AND DEATH	
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.		OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.			
19A. DATE OF OPERATION		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
21A. EXTERNAL CAUSE WAS UNDERLYING <input checked="" type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH.		21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) STREET		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location) Belvedere & Miller Rd 27/28	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY 3-27-53 10⁴⁵ AM		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		21F. HOW DID INJURY OCCUR? Pedestrian Struck by Auto.	
22. I certify that I took charge of the remains described above, held an AUTOPSY thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes <input type="checkbox"/> , accident <input checked="" type="checkbox"/> , suicide <input type="checkbox"/> , homicide <input type="checkbox"/> , undetermined <input type="checkbox"/> .					
23A. SIGNATURE R. Fisher		23B. CHIEF MEDICAL EXAMINER <input checked="" type="checkbox"/> ASSISTANT MEDICAL EXAMINER <input type="checkbox"/> MEDICAL INVESTIGATOR <input type="checkbox"/>		23C. DATE SIGNED 4/4/53	
24A. BURIAL, CREMATION, REMOVAL (Specify) Burial	24B. DATE 4/6/53	24C. NAME OF CEMETERY OR CREMATORY Balto Cem		24D. LOCATION (City, town, or county) (State) Balto MD	
DATE RECEIVED BY LOCAL REGISTRAR APR 6-1953		REGISTRAR'S SIGNATURE Huntington Williams		25. FUNERAL DIRECTOR ADDRESS Lassalus Funeral Home 740 1/2 Belair Rd	

100

100

100

100

100

100

100

100

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

53 3356

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

53 3356
Registered No.

BIRTH NO.

1. NAME OF DECEASED (Type or Print) <u>Herbert Kelso Anders</u>		2. DATE OF DEATH <u>April 4, 1953</u>	
3. PLACE OF DEATH: A. Baltimore City, Maryland <u>2502 W. Lafayette Ave</u>		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE <u>md</u> B. COUNTY	
B. FULL NAME OF HOSPITAL OR INSTITUTION		C. CITY OR TOWN (If outside corporate limits, write RURAL, and give township) <u>Baltimore 16-05</u>	
Length of stay in Baltimore <u>49</u> Yrs. <u>Mo.</u> <u>Days</u>		D. STREET ADDRESS (If rural, give location) <u>2502 W. Lafayette Ave</u>	
5. SEX <u>male</u>	6. COLOR OR RACE <u>white</u>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <u>married</u>	8. DATE OF BIRTH <u>Dec-8-1879</u>
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Salesman</u>		10B. KIND OF BUSINESS OR INDUSTRY <u>Textile</u>	9. AGE (In years last birthday) <u>73</u> If Under 1 Year Months: Days: If Under 24 Hours Hours: Min.
11. BIRTHPLACE (State or foreign country) <u>New Windsor Md</u>		12. CITIZEN OF WHAT COUNTRY?	
13. FATHER'S NAME <u>George Anders</u>		14. MOTHER'S MAIDEN NAME <u>Martha Ecker</u>	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) <u>no</u>		16. SOCIAL SECURITY NO. <u>213-050-218A</u>	
17. INFORMANT <u>Olive Mary Anders</u>		ADDRESS <u>2502 W. Lafayette</u>	

18. <u>592X</u> DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.	CAUSE OF DEATH (A) <u>Cerebral Hemorrhage</u> DUE TO (B) <u>Ch. Myocarditis</u> DUE TO <u>Ch. Interstitial Nephritis</u> (C) II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.	INTERVAL BETWEEN ONSET AND DEATH <u>3-35-53</u> <u>1947</u> <u>1947</u>
--	--	--

19A. DATE OF OPERATION <u>0</u>		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH <input type="checkbox"/>		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from <u>Mar. 31</u> , 19 <u>53</u> , to <u>Apr 4</u> , 19 <u>53</u> , that I last saw the deceased alive on <u>Apr. 4</u> , 19 <u>53</u> , and that death occurred at <u>10:12</u> m., from the causes and on the date stated above.					
23A. SIGNATURE <u>Paul Brown</u>		23B. ADDRESS <u>3602 Liberty Hgts. Cr.</u>		23C. DATE SIGNED <u>4-4-53</u>	
24A. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24B. DATE <u>April 7-1953</u>		24C. NAME OF CEMETERY OR CREMATORY <u>Loudon Park</u>	
24D. LOCATION (City, town, or county) (State) <u>Baltimore Md.</u>		24E. FUNERAL DIRECTOR <u>Huntington Williams, John P. Tenfel</u>		24F. ADDRESS <u>5311 Edmondson Ave</u>	

1978 54

1978 54

1978 54

VALLEY
COUNCIL
DISTRICT
HONORARY
A. 2. C.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

4-630
53 3357

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 53 3357

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Howard-Rosa-C-

2. DATE
OF
DEATH

Apr-3-1953

3. PLACE OF DEATH:

A. Baltimore City, Maryland Balto-Md-

B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location)

HOME for INCURABLES- 700 W 40th ST

C. Length of stay in Baltimore

75 yrs.

Yrs.
Mos.
Days

5. SEX

M

6. COLOR OR RACE

W

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)

Single

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

none

10B. KIND OF BUSINESS OR INDUSTRY

—

13. FATHER'S NAME

Charles Howard

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)

(If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

none

17. INFORMANT

Helen Russell R. N.

ADDRESS

18. 420.1

CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Coronary Occlusion
DUE TO Arteriosclerosis (Generalized)
(B) Hemiplegia (Left)
DUE TO Hypertensive Cardio-vascular disease
(C) —

INTERVAL BETWEEN ONSET AND DEATH

45 minutes

2 1/2 years

3 years

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒

21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

WHILE AT WORK ☐ NOT WHILE AT WORK ☐

22. I hereby certify that I attended the deceased from Sept. 7, 1951 to April 3, 1953, that I last saw the deceased alive on April 3, 1953, and that death occurred at 8:15 p.m., from the causes and on the date stated above.

23A. SIGNATURE

W. Dutton Norenberg

M. D.

23B. ADDRESS

214 Medical City Bldg. April 3, 1953

23C. DATE SIGNED

24A. BURIAL, CREMATION, REMOVAL (Specify)

Burial

24B. DATE

Apr. 7/53

24C. NAME OF CEMETERY OR CREMATORY

St Thomas

24D. LOCATION (City, town, or county)

Garrison Forest Md

(State)

DATE RECEIVED BY LOCAL REGISTRAR

APR 6-1953

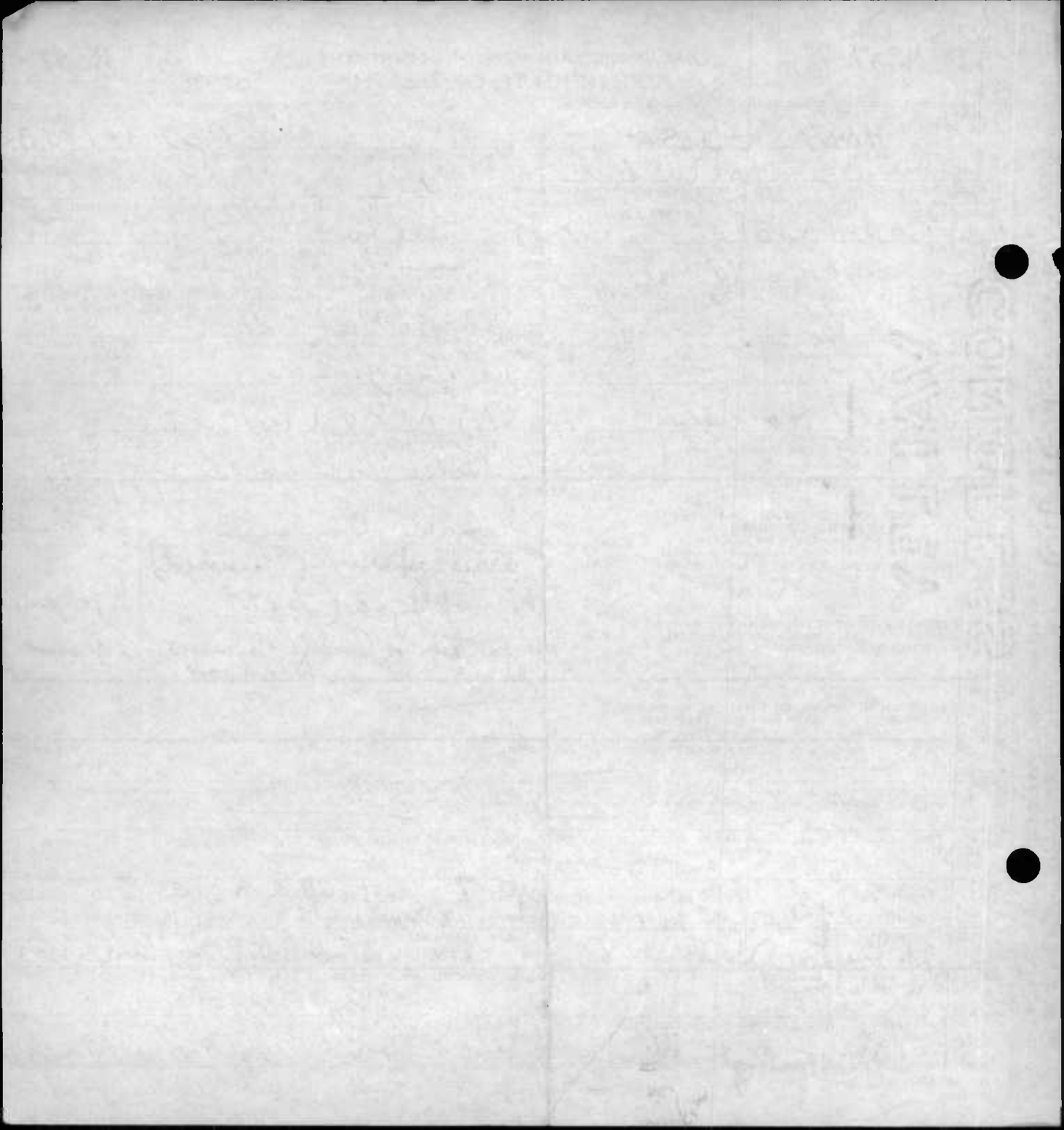
REGISTRAR'S SIGNATURE

Huntington Williams, M.D.

25. FUNERAL DIRECTOR

H. J. Hankins, 200 E 4905 York Rd

ADDRESS



BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATHRegistered No. **53 3358**

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)**THEODORE P. GACKOWSKI**2. DATE
OF
DEATH**4/3/53**

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location)

Johns Hopkins Hospital

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE **Maryland**

B. COUNTY

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Baltimore 5

D. STREET ADDRESS (If rural, give location)

1033 N. Kerwood Ave

c. Length of stay in Baltimore

5. SEX

Male

6. COLOR OR RACE

White

7. SINGLE, MARRIED,

WIDOWED, DIVORCED (Specify)

Married

8. DATE OF BIRTH

March 14th, 1916

9. AGE (In years

last birthday)

37

If Under 1 Year

Months: Days

If Under 24 Hours

Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Fire Fighter

10B. KIND OF BUSINESS OR INDUSTRY

City Fire Dept.,

11. BIRTHPLACE (State or foreign country)

Baltimore, Md.

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME

Michael Gackowski

14. MOTHER'S MAIDEN NAME

Victoria Kowalski

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)

World War II

16. SOCIAL SECURITY NO.

216-03-0597

17. INFORMANT

ADDRESS

Mrs. Pearl Gackowski 1033 N. Kerwood A18. **422.2**

CAUSE OF DEATH

INTERVAL BETWEEN ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH

(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) **Interstitial Myocarditis**

DUE TO

ANTECEDENT CAUSES

(B)

DUE TO

(C)

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☒ NO ☐21A. EXTERNAL CAUSE WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH.

21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED

m.

WHILE AT WORK ☐NOT WHILE AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I certify that I took charge of the remains described above, held an **Autopsy** thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☒ accident ☐ suicide ☐ homicide ☐ undetermined ☐.

23A. SIGNATURE

R. F. Fisher23B. CHIEF MEDICAL EXAMINER ☒ ASSISTANT MEDICAL EXAMINER ☐ MEDICAL INVESTIGATOR ☐23C. DATE SIGNED **4/3/53**24A. BURIAL, CREMATION, REMOVAL (Specify)
Burial

24B. DATE

4/7/53

24C. NAME OF CEMETERY OR CREMATOR

St. Stanislaus

24D. LOCATION (City, town, or county)

1300 Dundalk Ave--Balto,

(State)

DATE RECEIVED BY LOCAL REGISTRAR

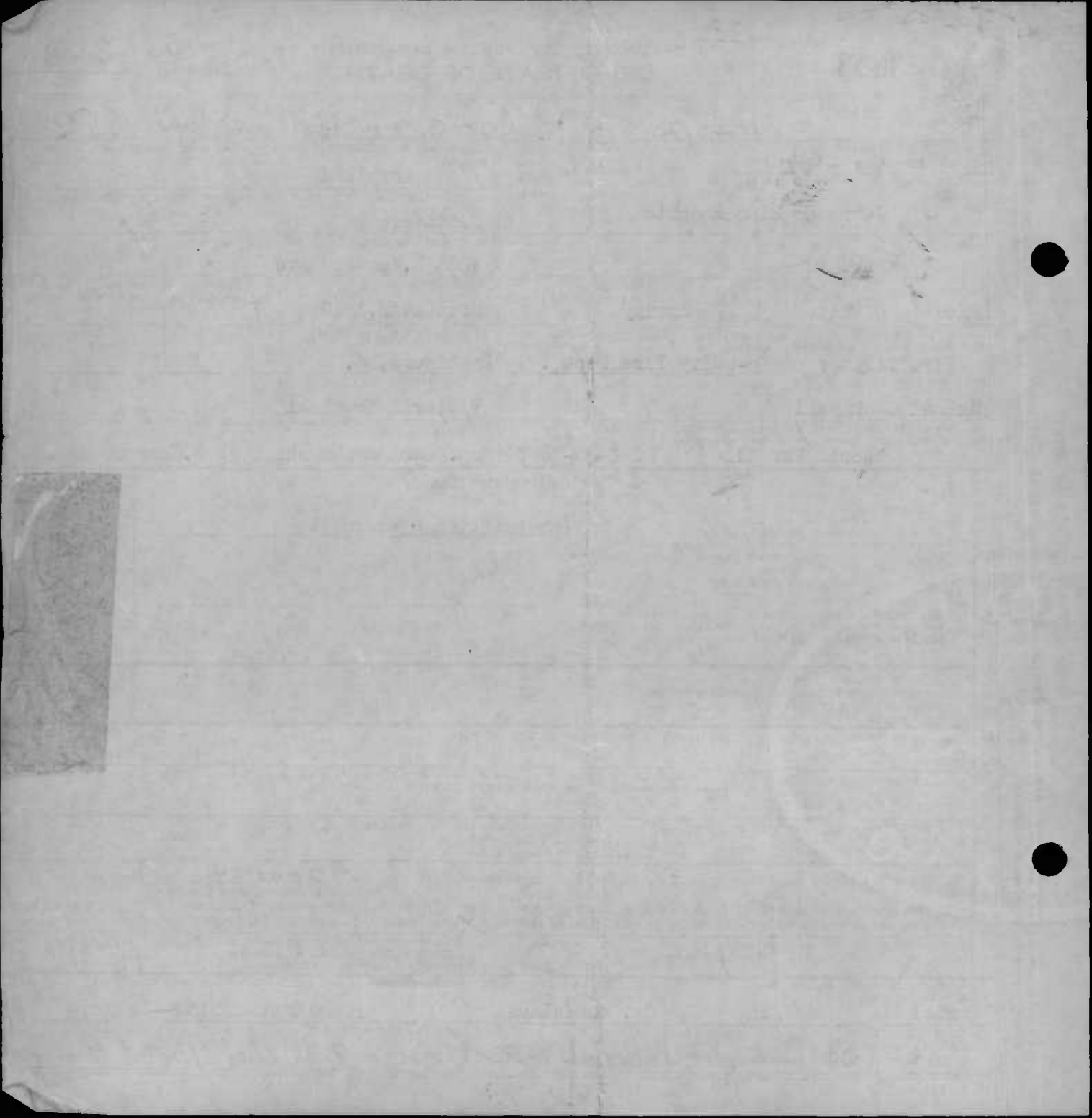
REGISTRAR'S SIGNATURE

Huntington Williams, M.D.

25. FUNERAL DIRECTOR

ADDRESS

George A. Weber 705 S. Ann St



53 3359
BIRTH NO.BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH53 3359
Registered No.

1. NAME OF DECEASED (Type or Print) Roman J. Swigon (OR) Raymond J. Swigon		2. DATE OF DEATH April 3rd, 1953	
3. PLACE OF DEATH: A. Baltimore City, Maryland 628 S. Curley Street		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Maryland	
B. FULL NAME OF HOSPITAL OR INSTITUTION At Home		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore-24	
C. Length of stay in Baltimore Yrs. Mos. Days		D. STREET ADDRESS (If rural, give location) 628 South Curley Street	
5. SEX Male	6. COLOR OR RACE White	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH Aug, 5th, 1893
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Forman		10B. KIND OF BUSINESS OR INDUSTRY D.E. Foote Packing Co., CANNED VEG (M)	9. AGE (In years last birthday) 59
11. BIRTHPLACE (State or foreign country) Baltimore, Md.		12. CITIZEN OF WHAT COUNTRY?	
13. FATHER'S NAME Casper Swigon		14. MOTHER'S MAIDEN NAME Josephine Augustyniak	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO. 216-07-6974	17. INFORMANT ADDRESS Josephine Swigon 628 South Curley Street
18. 420.1 DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) PULMONARY EDEMA CAUSE OF DEATH (A) DUE TO CORONARY SCLEROSIS & INSUFFICIENCY (B) DUE TO ARTERIOSCLEROTIC CARDIO-VASCULAR DISEASE (C) DUE TO INTERVAL BETWEEN ONSET AND DEATH 4/3/53 7/2/51 ??			
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.			
19A. DATE OF OPERATION None		19B. MAJOR FINDINGS OF OPERATION	
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH		21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)			
21D. TIME (Month) (Day) (Year) (Hour) INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
21F. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from JULY 2, 1951, to APRIL 3, 1953, that I last saw the deceased alive on APRIL 3, 1953, and that death occurred at 9:55 A.M., from the causes and on the date stated above.			
23A. SIGNATURE Joseph F. Oranga		23B. ADDRESS 2098 Chester St M. D.	
23C. DATE SIGNED 4/4/53			
24A. BURIAL, CREMATION, REMOVAL (Specify) Burial		24B. DATE 4/7/53	
24C. NAME OF CEMETERY OR CREMATION St. Stanislaus		24D. LOCATION (City, town, or county) (State) 1300 Dundalk Ave—Balto, Md.	
DATE RECEIVED BY LOCAL REGISTRAR APR 6 - 1953		REGISTRAR'S SIGNATURE Thurkington Williams, M.D.	
25. FUNERAL DIRECTOR George A. Weber 705 S. Penn St		ADDRESS	

52342

CONFIDENTIAL

CONFIDENTIAL

40

VALLEY

CONGRESS

CONFIDENTIAL

CONFIDENTIAL

CONFIDENTIAL

550
53 3360

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

53 3360
Registered No.

1. NAME OF DECEASED (Type or Print) George A. Schuman		2. DATE OF DEATH 4/3/53	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived, if institution; residence before admission) A. STATE MD B. COUNTY Balto	
B. FULL NAME OF (If not in hospital or institution, give street address or location) University Hospital		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Balto	
c. Length of stay in Baltimore 73 Yrs. 11 Ds.		D. STREET ADDRESS (If rural, give location) 3034 Greenmount Ave #18	
5. SEX Male	6. COLOR OR RACE White	7. SINGLE (MARRIED) WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH Nov 11, 1879
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Tavern Owner		10B. KIND OF BUSINESS OR INDUSTRY	9. AGE (In years last birthday) 73
13. FATHER'S NAME John Schuman		12. CITIZEN OF WHAT COUNTRY?	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)		16. SOCIAL SECURITY NO. 15-379739	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)		17. INFORMANT IRENE Schuman 3034 GREENMOUNT AVE	
18. 163X DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) Massive Pulmonary Hemorrhage DUE TO Antecedent Causes DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. Carcinoma of lung DUE TO Interval between onset and death 10-12 hrs several mos		18. 163X DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) Massive Pulmonary Hemorrhage DUE TO Antecedent Causes DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. Carcinoma of lung DUE TO Interval between onset and death 10-12 hrs several mos	
19A. DATE OF OPERATION		19B. MAJOR FINDINGS OF OPERATION	
20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>		20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)		21D. TIME (Month) (Day) (Year) (Hour) INJURY	
21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from 4/3/53 , 19 53 , to 4/3/53 , 19 53 , that I last saw the deceased alive on 4/3/53 , 19 53 , and that death occurred at 2:35 p.m. , from the causes and on the date stated above.			
23A. SIGNATURE Dr. Hankins		23B. ADDRESS University Hospital	
23C. DATE SIGNED 4/3/53		23C. DATE SIGNED 4/3/53	
24A. BURIAL, CREMATION, REMOVAL (Specify) Burial		24B. DATE 4-7-1953	
24C. NAME OF CEMETERY OR CREMATORY Baltimore City		24D. LOCATION (City, town, or county) (State) Balto Md	
DATE RECEIVED BY LOCAL REGISTRAR APR 6-1953		REGISTRAR'S SIGNATURE Huntington Williams, M.D.	
FUNERAL DIRECTOR 2906 N. PRATTY STRICKER STS		ADDRESS 2906 N. PRATTY STRICKER STS	

MEDICAL CERTIFICATION

STATE OF TEXAS
COUNTY OF DALLAS

1890



1946
MAR 16 1953

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

53 3361
Registered No. _____

BIRTH NO. 53-05402

1. NAME OF DECEASED (Type or Print) Baby Boy Morrell (Dorothy)			2. DATE OF DEATH Mar. 31, 1953		
3. PLACE OF DEATH: A. Baltimore City, Maryland			4. USUAL RESIDENCE (Where deceased lived, if institution: residence before admission) A. STATE Maryland B. COUNTY _____		
B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Baltimore City Hospitals 4940 Eastern Avenue			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore 19-02		
C. Length of stay in Baltimore 45 days			D. STREET ADDRESS (If rural, give location) 1527 W. Lexington St.		
5. SEX Male	6. COLOR OR RACE Negro	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Single	8. DATE OF BIRTH Feb. 15, 1953		9. AGE (In years last birthday) 1 15
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10B. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) Maryland	
13. FATHER'S NAME James Morrell			12. CITIZEN OF WHAT COUNTRY? ✓		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)		16. SOCIAL SECURITY NO.		17. INFORMANT ADDRESS B. C. H. 4940 Eastern Ave. (records)	

18. 491X DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) Bronchopneumonia DUE TO ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.		CAUSE OF DEATH Bronchopneumonia	INTERVAL BETWEEN ONSET AND DEATH
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.			

19A. DATE OF OPERATION ✓		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
21A. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING CAUSE OF DEATH <input type="checkbox"/>		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from 2-15 1953 , to 3-31 , 1953, that I last saw the deceased alive on 3-31 , 1953, and that death occurred at 5:18P m., from the causes and on the date stated above.					
23A. SIGNATURE H. J. Williams, M.D.		23B. ADDRESS 4940 Eastern Ave. Balto., Md.		23C. DATE SIGNED 3-31-53	
24A. BURIAL, CREMATION, REMOVAL (Specify) Cremated		24B. DATE 4-2-53		24C. NAME OF CEMETERY OR CREMATORY Baltimore City Hospitals	
				24D. LOCATION (City, town, or county) (State) 4940 Eastern Ave., Balto. Md.	
DATE RECEIVED BY LOCAL REGISTRAR APR 6-1953		REGISTRAR'S SIGNATURE Huntington Williams, M.D.		25. FUNERAL DIRECTOR ADDRESS Wing Dargatzis	

37169166

BALTIMORE CITY HEALTH DEPARTMENT

53 3362

53 3362

CERTIFICATE OF DEATH

Registered No.

BIRTH NO. 53-07614		2. DATE OF DEATH Apr. 1, 1953	
1. NAME OF DECEASED (Type or Print) Baby Boy, Matthews (Emma)		3. PLACE OF DEATH: A. Baltimore City, Maryland	
B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Baltimore City Hospitals 4940 Eastern Avenue		4. USUAL RESIDENCE (Where deceased lived, if institution: residence before admission) A. STATE Maryland B. COUNTY	
C. Length of stay in Baltimore life- Yrs. Mos. Days		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore 27-15	
D. STREET ADDRESS (If rural, give location) 4652 Falls Road		5. SEX Male 6. COLOR OR RACE Negro 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Single	
8. DATE OF BIRTH Apr. 1, 1953		9. AGE (In years last birthday) 11 Under 1 Year Months Days 11 Under 24 Hours Hours Min. 8 5	
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10B. KIND OF BUSINESS OR INDUSTRY	
11. BIRTHPLACE (State or foreign country) Maryland		12. CITIZEN OF WHAT COUNTRY?	
13. FATHER'S NAME James McBride		14. MOTHER'S MAIDEN NAME Emma Matthews	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.	
17. INFORMANT B. C. H.		ADDRESS 4940 Eastern Ave. (records)	
18. 776x I DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) (A) Prematurity DUE TO		INTERVAL BETWEEN ONSET AND DEATH	
ANTECEDENT CAUSES (B) DUE TO			
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. (C)			
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.			
19A. DATE OF OPERATION 7		19B. MAJOR FINDINGS OF OPERATION	
20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>			
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH		21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)		21D. TIME (Month) (Day) (Year) (Hour) OF INJURY	
21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from 4-1, 1953 to 4-1, 1953, that I last saw the deceased alive on 4-1, 1953, and that death occurred at 10:15A m., from the causes and on the date stated above.			
23A. SIGNATURE H. J. L. H. 12		23B. ADDRESS 4940 Eastern Ave. Balto., Md.	
23C. DATE SIGNED 4-1-53			
24A. BURIAL, CREMATION, REMOVAL (Specify) Cremated		24B. DATE 4-3-53	
24C. NAME OF CEMETERY OR CREMATORY Baltimore City Hospital		24D. LOCATION (City, town, or county) 4940 Eastern Ave	
25. FUNERAL DIRECTOR		ADDRESS	

CERTIFICATE OF DEATH

NAME (Last, First, Middle)

DATE OF BIRTH

PLACE OF BIRTH

DATE OF DEATH

PLACE OF DEATH

TIME OF DEATH

SEX

CAUSE OF DEATH

DATE OF BURIAL

PLACE OF BURIAL

SIGNATURE OF REGISTRAR

DATE OF REGISTRATION

PLACE OF REGISTRATION

REMARKS

STATE OF NEW YORK
COUNTY OF []
I, [] REGISTRAR
DO HEREBY CERTIFY THAT THE
ABOVE IS A TRUE AND CORRECT
STATEMENT OF THE DEATH OF
THE PERSON NAMED ABOVE.

SIGNED AND SEALED THIS [] DAY OF [] 19[]

IN WITNESS WHEREOF, I HAVE
HEREunto set my hand and
the seal of the State of New York
at []

STATE OF NEW YORK
COUNTY OF []
I, [] REGISTRAR
DO HEREBY CERTIFY THAT THE
ABOVE IS A TRUE AND CORRECT
STATEMENT OF THE DEATH OF
THE PERSON NAMED ABOVE.

SIGNED AND SEALED THIS [] DAY OF [] 19[]

IN WITNESS WHEREOF, I HAVE
HEREunto set my hand and
the seal of the State of New York
at []

FILE

1-1

362
53 3363BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

53 3363

Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

STANLEY J. PIOTRKOWSKI

2. DATE

OF

DEATH

April 5, 1953

3. PLACE OF DEATH:

A. Baltimore City, Maryland Balto. City

B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location)

4100 Moravia Ave.

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE

B. COUNTY

Md.

C. CITY OR TOWN

(If outside corporate limits, write RURAL and give township)

Balto. City

27-01

D. STREET ADDRESS (If rural, give location)

4100 Moravia Ave.

C. Length of stay in Baltimore

Life

Yrs.
Mos.
Days

5. SEX

Male

6. COLOR OR RACE

White

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)

Married

8. DATE OF BIRTH

July 25, 1893

9. AGE (In years last birthday)

59

If Under 1 Year Months Days

If Under 24 Hours Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Salesman

10B. KIND OF BUSINESS OR INDUSTRY

Real Estate

11. BIRTHPLACE (State or foreign country)

Balto. Md.

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME

Piotrkowski

14. MOTHER'S MAIDEN NAME

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)

(If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

214-26-9920

17. INFORMANT

Phyllis Piotrkowski 4100 Moravia Ave.

18. 163X

CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH

(This does not mean the mode of dying, e. g., heart failure, ashenia, etc. It means the disease, injury or complication which caused death.)

(A)

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B)

DUE TO

(C)

INTERVAL BETWEEN ONSET AND DEATH

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED

WHILE AT ☐ NOT WHILE ☐
WORK WORK AT WORK

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from March 1, 1953 to April 5, 1953, that I last saw the deceased alive on April 5, 1953, and that death occurred at 10:30 a. m., from the causes and on the date stated above.

23A. SIGNATURE

23B. ADDRESS

23C. DATE SIGNED

24A. BURIAL, CREMATION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county) (State)

Burial

4-8, 1953

Holy Rosary

Balto. Co. Md.

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

APR 6-1953

Huntington Williams, M. D. 2007 Eastern Ave

VS 150

47074

MEDICAL CERTIFICATION

STATE OF NEW YORK
DEPARTMENT OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

1. NAME OF DECEASED		2. SEX		3. AGE		4. DATE OF BIRTH		5. PLACE OF BIRTH	
6. OCCUPATION		7. MARITAL STATUS		8. COLOR		9. RELIGION		10. EDUCATION	
11. CAUSE OF DEATH		12. MANNER OF DEATH		13. PLACE OF DEATH		14. TIME OF DEATH		15. SIGNATURE OF DECEASED	
16. SIGNATURE OF WITNESSES		17. SIGNATURE OF PHYSICIAN		18. SIGNATURE OF CLERK		19. SIGNATURE OF JUDGE		20. SIGNATURE OF SHERIFF	
21. SIGNATURE OF CORONER		22. SIGNATURE OF JURY		23. SIGNATURE OF JUDGE		24. SIGNATURE OF SHERIFF		25. SIGNATURE OF SHERIFF	
26. SIGNATURE OF SHERIFF		27. SIGNATURE OF SHERIFF		28. SIGNATURE OF SHERIFF		29. SIGNATURE OF SHERIFF		30. SIGNATURE OF SHERIFF	
31. SIGNATURE OF SHERIFF		32. SIGNATURE OF SHERIFF		33. SIGNATURE OF SHERIFF		34. SIGNATURE OF SHERIFF		35. SIGNATURE OF SHERIFF	
36. SIGNATURE OF SHERIFF		37. SIGNATURE OF SHERIFF		38. SIGNATURE OF SHERIFF		39. SIGNATURE OF SHERIFF		40. SIGNATURE OF SHERIFF	
41. SIGNATURE OF SHERIFF		42. SIGNATURE OF SHERIFF		43. SIGNATURE OF SHERIFF		44. SIGNATURE OF SHERIFF		45. SIGNATURE OF SHERIFF	
46. SIGNATURE OF SHERIFF		47. SIGNATURE OF SHERIFF		48. SIGNATURE OF SHERIFF		49. SIGNATURE OF SHERIFF		50. SIGNATURE OF SHERIFF	
51. SIGNATURE OF SHERIFF		52. SIGNATURE OF SHERIFF		53. SIGNATURE OF SHERIFF		54. SIGNATURE OF SHERIFF		55. SIGNATURE OF SHERIFF	
56. SIGNATURE OF SHERIFF		57. SIGNATURE OF SHERIFF		58. SIGNATURE OF SHERIFF		59. SIGNATURE OF SHERIFF		60. SIGNATURE OF SHERIFF	
61. SIGNATURE OF SHERIFF		62. SIGNATURE OF SHERIFF		63. SIGNATURE OF SHERIFF		64. SIGNATURE OF SHERIFF		65. SIGNATURE OF SHERIFF	
66. SIGNATURE OF SHERIFF		67. SIGNATURE OF SHERIFF		68. SIGNATURE OF SHERIFF		69. SIGNATURE OF SHERIFF		70. SIGNATURE OF SHERIFF	
71. SIGNATURE OF SHERIFF		72. SIGNATURE OF SHERIFF		73. SIGNATURE OF SHERIFF		74. SIGNATURE OF SHERIFF		75. SIGNATURE OF SHERIFF	
76. SIGNATURE OF SHERIFF		77. SIGNATURE OF SHERIFF		78. SIGNATURE OF SHERIFF		79. SIGNATURE OF SHERIFF		80. SIGNATURE OF SHERIFF	
81. SIGNATURE OF SHERIFF		82. SIGNATURE OF SHERIFF		83. SIGNATURE OF SHERIFF		84. SIGNATURE OF SHERIFF		85. SIGNATURE OF SHERIFF	
86. SIGNATURE OF SHERIFF		87. SIGNATURE OF SHERIFF		88. SIGNATURE OF SHERIFF		89. SIGNATURE OF SHERIFF		90. SIGNATURE OF SHERIFF	
91. SIGNATURE OF SHERIFF		92. SIGNATURE OF SHERIFF		93. SIGNATURE OF SHERIFF		94. SIGNATURE OF SHERIFF		95. SIGNATURE OF SHERIFF	
96. SIGNATURE OF SHERIFF		97. SIGNATURE OF SHERIFF		98. SIGNATURE OF SHERIFF		99. SIGNATURE OF SHERIFF		100. SIGNATURE OF SHERIFF	

600
53 3364BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH53 3364
Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

GEORGE W. HARE

2. DATE
OF
DEATH

4 APR. 1953

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR
INSTITUTION

LUTHERAN HOSPITAL OF MD.

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE

MD.

B. COUNTY

C. CITY OR TOWN

(If outside corporate limits, write RURAL and give township)

BALTIMORE BALTIMORE

D. STREET ADDRESS (If rural, give location)

1117 W. 40TH ST. 13-07

Length of stay in Baltimore

LIFE

Yrs.
Mos.
Days

5. SEX

M

6. COLOR OR RACE

W

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

M

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

MACHINIST

10B. KIND OF BUSINESS OR INDUSTRY

Brown, hard + steel br

13. FATHER'S NAME

C. R. PAVO

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT

ADDRESS

Helen M. Hare 1117 W. 40th St

18. 153X

CAUSE OF DEATH

INTERVAL BETWEEN ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)(A) INTESTINAL PERFORATION

DUE TO

24 HRS.

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B) INTESTINAL OBSTRUCTION

DUE TO

(C) METASTATIC CARCINOMA, COLON

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒21A. ACCIDENT, SUICIDE,
HOMICIDE (Specify)

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED

m. WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 3 APR. 1953, to 4 APR. 1953, that I last saw the deceased alive on 4 APR. 1953, and that death occurred at 9:55 P. M., from the causes and on the date stated above.

23A. SIGNATURE

23B. ADDRESS

23C. DATE SIGNED

24A. BURIAL, CREMATION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county)

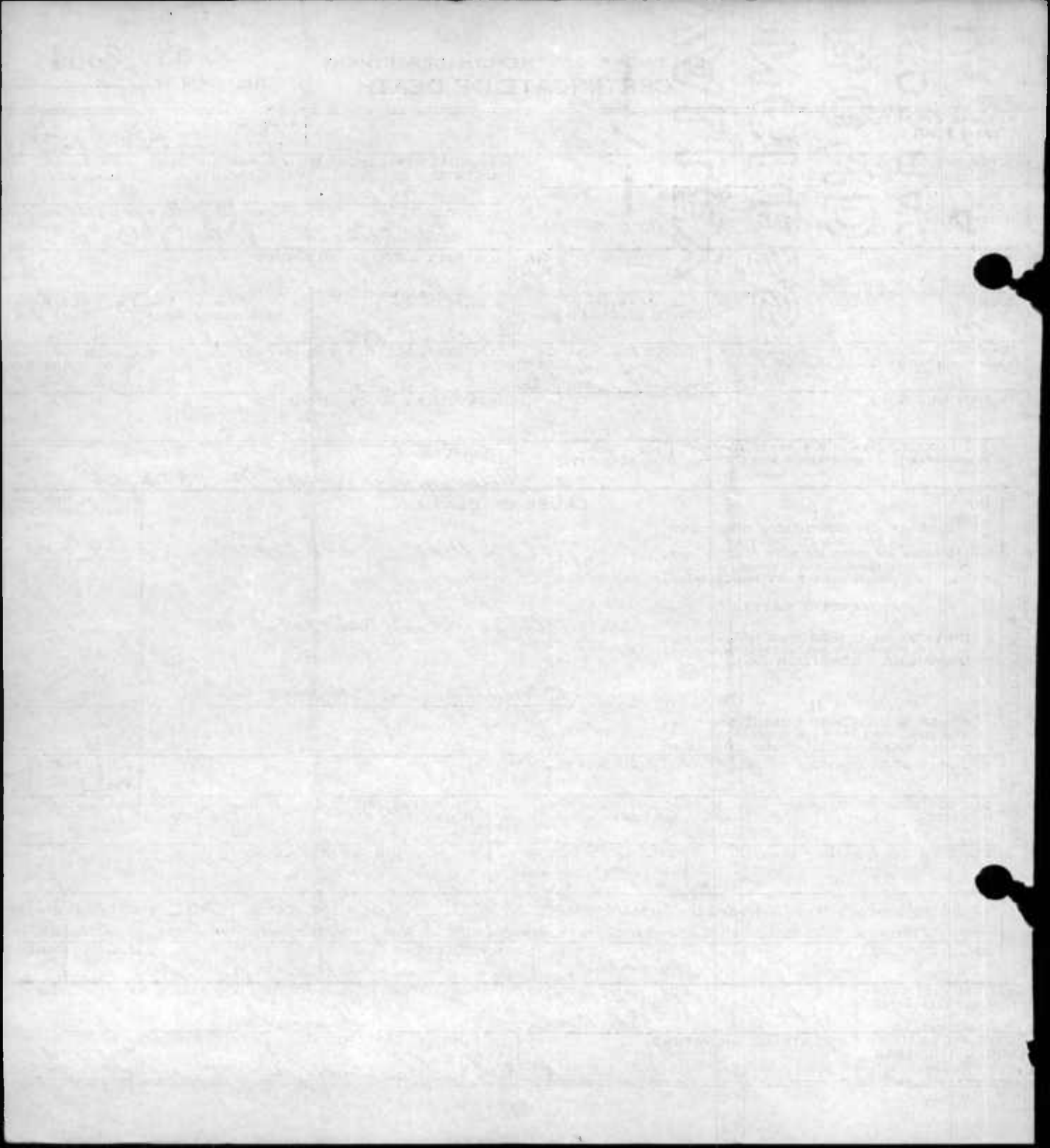
(State)

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS



536
53 3365BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 53 3365

BIRTH NO.		
1. NAME OF DECEASED (Type or Print) <i>Mary Elizabeth Henderson</i>		2. DATE OF DEATH <i>April 4, 1953</i>
3. PLACE OF DEATH A. Baltimore City, Maryland <i>Med. - 0213</i>		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE <i>md.</i> B. COUNTY <i>9-07</i>
5. FULL NAME OF HOSPITAL OR INSTITUTION <i>JOHNS HOPKINS HOSPITAL</i>		6. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <i>Baltimore 2</i>
7. D. STREET ADDRESS (If rural, give location) <i>1308 Winton St</i>		8. DATE OF BIRTH <i>5-6-197</i>
9. AGE (In years last birthday) <i>55</i>		10. CITIZEN OF WHAT COUNTRY? <i>md.</i>
11. BIRTHPLACE (State or foreign country)		12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME		14. MOTHER'S MAIDEN NAME
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown)		16. SOCIAL SECURITY NO.
17. INFORMANT <i>JOHNS HOPKINS HOSPITAL</i>		ADDRESS

18. <i>157X</i> DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) <i>Carcinoma, probably of pancreas</i>	CAUSE OF DEATH <i>Carcinoma, probably of pancreas</i>	INTERVAL BETWEEN ONSET AND DEATH <i>? 4 mo.</i>
19. ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.	(A) DUE TO	
	(B) DUE TO	
	(C) DUE TO	
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		

19A. DATE OF OPERATION <i>4-4-53</i>	19B. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH	21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME (Month) (Day) (Year) (Hour) INJURY	21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21F. HOW DID INJURY OCCUR?
22. I hereby certify that I attended the deceased from <i>1-3-</i> , 19 <i>53</i> , to <i>4-4-</i> , 19 <i>53</i> , that I last saw the deceased alive on <i>4-4-</i> , 19 <i>53</i> , and that death occurred at <i>9:45 a.m.</i> , from the causes and on the date stated above.		
23. SIGNATURE <i>Thomas Franklin Williams</i>	23B. ADDRESS <i>JOHNS HOPKINS HOSPITAL</i>	23C. DATE SIGNED <i>4-4-53</i>

24A. BURIAL, CREMATION, REMOVAL (Specify) <i>Burial</i>	24B. DATE <i>4/7/53</i>	24C. NAME OF CEMETERY OR CREMATORY <i>Woodlawn</i>	24D. LOCATION (City, town, or county) (State) <i>Woodlawn Md.</i>
DATE RECEIVED BY LOCAL REGISTRAR <i>APR 6 - 1953</i>		REGISTRAR'S SIGNATURE <i>Huntington Williams, M.D.</i>	25. FUNERAL DIRECTOR ADDRESS <i>Paul E. Chismant 3610-17 6 Street Ave</i>

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53 3366

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 53 3366

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Robert Edwards

2. DATE
OF
DEATH

4/2/53

3. PLACE OF DEATH:

a. Baltimore City, Maryland

b. FULL NAME OF
HOSPITAL OR
INSTITUTION (If not in hospital or institution, give street address or location)

720 N. Fulton Ave

Yrs.
Mos.
Days

c. Length of stay in Baltimore

5. SEX

Male

6. COLOR OR RACE

Col.

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

Married

10a. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

Laborer

10b. KIND OF BUSINESS OR
INDUSTRY

13. FATHER'S NAME

Nicholas Edwards

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)

No

16. SOCIAL
SECURITY NO.

8. DATE OF BIRTH

April 23, 1883

9. AGE (in years
last birthday)

70

11 Under 1 Year
Months: Days Hours: Min.12 Under 24 Hours
Hours: Min.

11. BIRTHPLACE (State or foreign country)

Southampton Co Va.

12. CITIZEN OF
WHAT COUNTRY?

U. S. A

14. MOTHER'S MAIDEN NAME

Agnes Branch

17. INFORMANT

Emmett Edwards 720 N. Fulton Ave

ADDRESS

18. 332X

CAUSE OF DEATH

I
DISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A)

Cerebral Thrombosis

INTERVAL BETWEEN
ONSET AND DEATH

10 days

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B)

Arteriosclerosis

DUE TO

II

OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

(C)

Senile Degeneration

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐21a. ACCIDENT, SUICIDE,
HOMICIDE (Specify)21b. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21c. WHERE DID
INJURY OCCUR? (If in Baltimore City, give exact location)21d. TIME (Month) (Day) (Year) (Hour)
INJURY

21e. INJURY OCCURRED

WHILE AT ☐ NOT WHILE ☐
WORK AT WORK

21f. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from March 23, 1953, to April 2, 1953, that I last saw the deceased alive on April 2, 1953, and that death occurred at 12:00 p. m., from the causes and on the date stated above.

23a. SIGNATURE

Calbert L. Bouquier

M. D.

23b. ADDRESS

722 N. Fulton Ave

23c. DATE SIGNED

4/2/53

24a. BURIAL, CREMA-
TION, REMOVAL (Specify)

Burial

24b. DATE

4/6/1953

24c. NAME OF CEMETERY OR CREMATORY

Mt. Auburn Cem

24d. LOCATION (City, town or county) (State)

Baltimore Md

DATE RECEIVED BY
LOCAL REGISTRAR

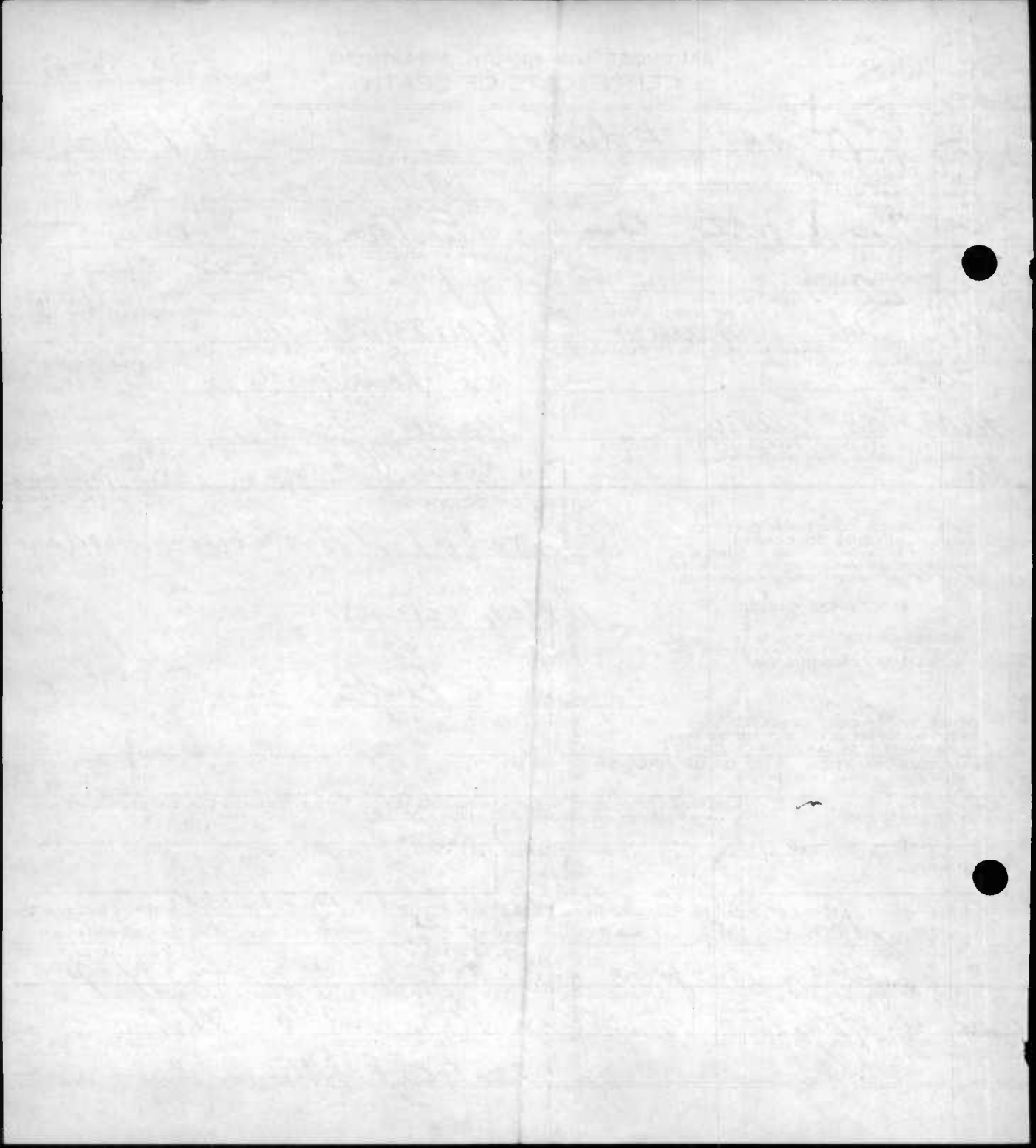
REGISTRAR'S SIGNATURE

Huntington Williams

25. FUNERAL DIRECTOR

Mrs. Katie R. Williams Schroeder

ADDRESS 322 N.



640
53 3367
BIRTH NO.BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 53 3367

1. NAME OF DECEASED (Type or Print) JAMES WALTER FERRELL			2. DATE OF DEATH APRIL 3, 1953		
3. PLACE OF DEATH: a. Baltimore City, Maryland			4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE MD. b. COUNTY 25-06		
b. FULL NAME OF HOSPITAL OR INSTITUTION 3427 SUNLEA COURT			c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) BALTIMORE		
c. Length of stay in Baltimore 37- Yrs. Mos. Days			d. STREET ADDRESS (If rural, give location) 3427 SUNLEA COURT		
5. SEX MALE	6. COLOR OR RACE WHITE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) MARRIED	8. DATE OF BIRTH DEC. 25, 1867	9. AGE (In years, last birthday) 85	10. Under 1 Year Months: Days 11. Under 24 Hours Hours: Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) MILLICENT (RETIRED)			10b. KIND OF BUSINESS OR INDUSTRY FERTILIZER		
11. BIRTHPLACE (State or foreign country) NORFOLK, VA.			12. CITIZEN OF WHAT COUNTRY? U. S. A.		
13. FATHER'S NAME WILLIAM FERRELL			14. MOTHER'S MAIDEN NAME MARY FENTRISS		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or not down) NO			16. SOCIAL SECURITY NO. WIFE		
17. INFORMANT MOLLIE FERRELL			ADDRESS SAME		

1b. 422.1 DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) CARDIAC DECOMPENSATION & PULMONARY EDEMA	CAUSE OF DEATH CARDIAC DECOMPENSATION & PULMONARY EDEMA	INTERVAL BETWEEN ONSET AND DEATH
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. ARTERIO-SCLEROTIC C.V. DISEASE	(A) DUE TO (B) DUE TO (C)	
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		

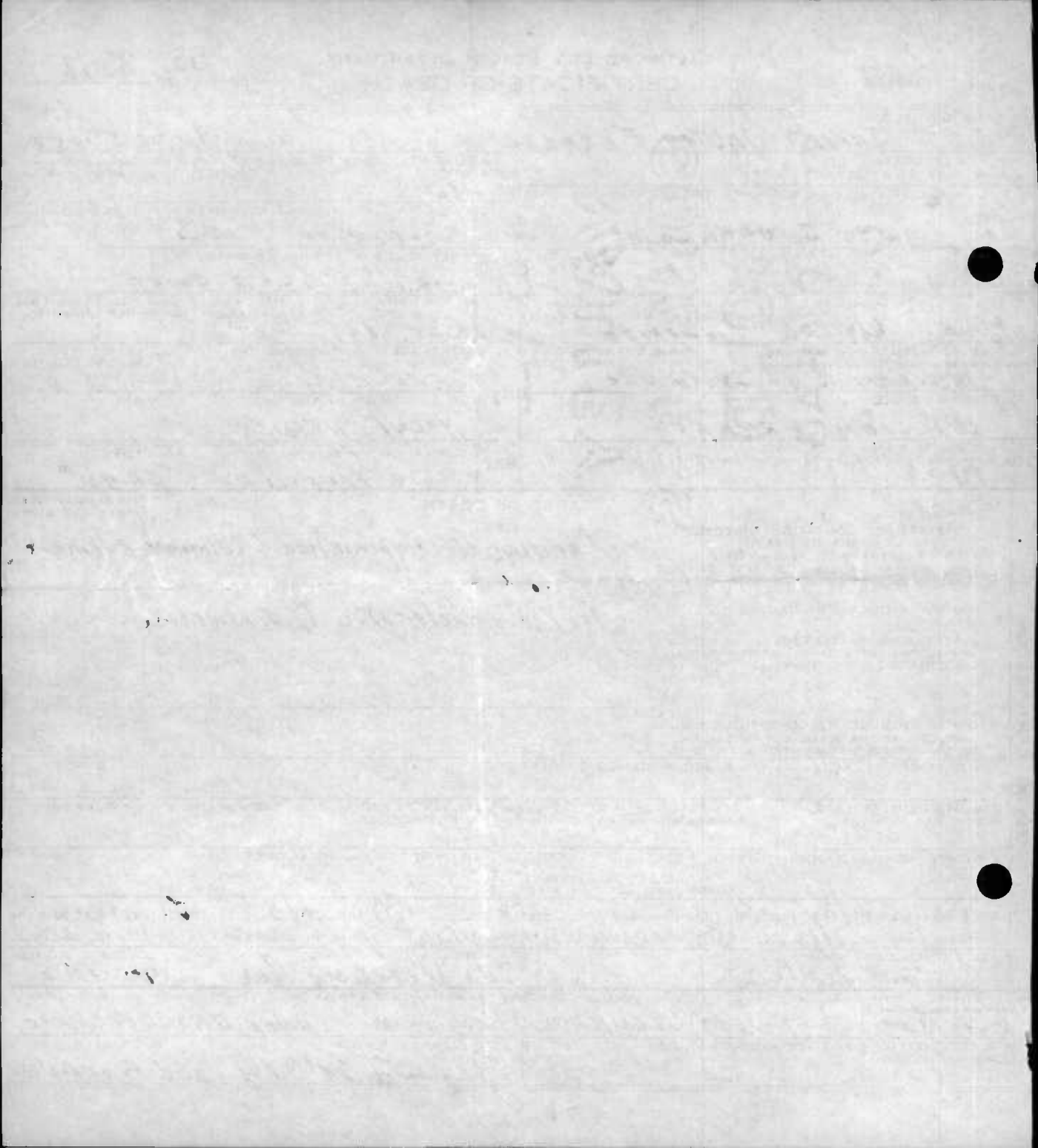
19a. DATE OF OPERATION 0	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>
21a. ACCIDENT, SUICIDE, HOMICIDE (Specify)	21b. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	21c. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21d. TIME (Month) (Day) (Year) (Hour) INJURY	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from **4/1**, 19**53**, to **4/3**, 19**53**, that I last saw the deceased alive on **4/1**, 19**53**, and that death occurred at **10:00 p.m.**, from the causes and on the date stated above.

23a. SIGNATURE Paul Rubin	23b. ADDRESS 325 Patapsco Ave	23c. DATE SIGNED 4-4-53
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24a. BURIAL, CREMATION, REMOVAL (Specify) BORIAL	24b. DATE 4-7-1953	24c. NAME OF CEMETERY OR CREMATORY GLENHAVEN MEMORIAL PL	24d. LOCATION (City, town, or county) (State) ANNE ARUNDEL CO. MD.
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DATE RECEIVED BY LOCAL REGISTRAR APR 6 - 1953	REGISTRAR'S SIGNATURE James L. McCully	25. FUNERAL DIRECTOR 1308 FORTAUE	ADDRESS
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53 3368

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH53 3368
Registered No.

BIRTH NO.

1. NAME OF DECEASED (Type or Print) PETER SCHULTZ		2. DATE OF DEATH 4-4-53	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE MARYLAND B. COUNTY	
B. FULL NAME OF (If not in hospital or institution, give street address or location) 1222 W 36th ST		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) BALTIMORE 13-08	
D. STREET ADDRESS (If rural, give location) 1222 W 36th ST.		5. SEX MALE	
6. COLOR OR RACE WHITE		7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) MARRIED	
8. DATE OF BIRTH MAY 10, 1910		9. AGE (in years last birthday) 42	
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) RETIRED STATIONARY ENGINEER		10B. KIND OF BUSINESS OR INDUSTRY MT. ROYAL HOTEL	
11. BIRTHPLACE (State or foreign country) WEST VIRGINIA.		12. CITIZEN OF WHAT COUNTRY? U.S.	
13. FATHER'S NAME EDWARD SCHULTZ.		14. MOTHER'S MAIDEN NAME ANASTASIA ?	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)		16. SOCIAL SECURITY NO.	
17. INFORMANT MARGARET SCHULTZ-1222 W 36th ST.		ADDRESS	

18. 420.0 I DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) Anterior Lateral Heart Disease DUE TO		INTERVAL BETWEEN ONSET AND DEATH
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. DUE TO		
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		

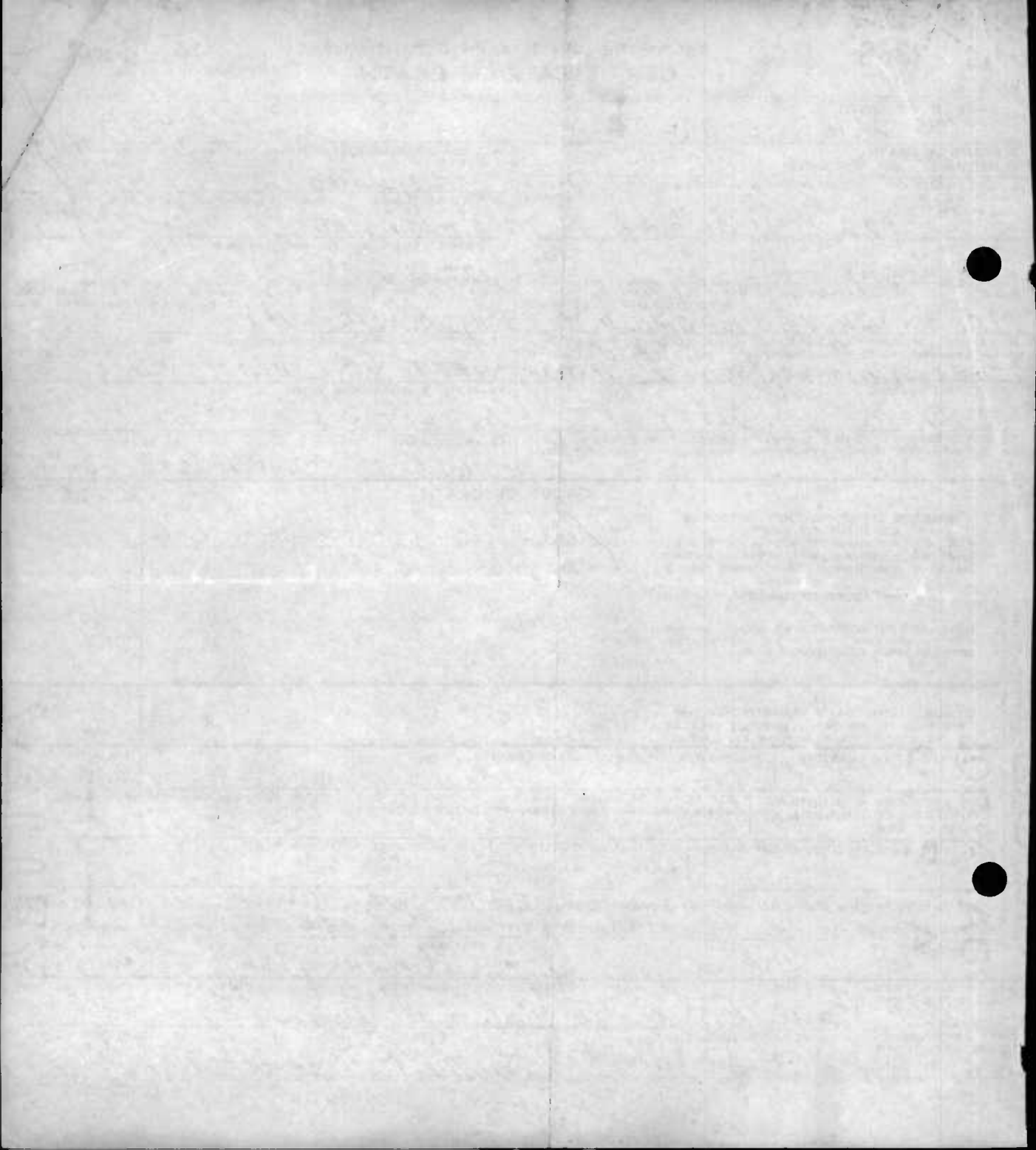
19A. DATE OF OPERATION		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from Feb. 15 , 19 53 , to April 4 , 19 53 , that I last saw the deceased alive on April 4 , 19 53 , and that death occurred at 10⁰⁵ p. m., from the causes and on the date stated above.					
23A. SIGNATURE Jerome Gaber		23B. ADDRESS 1104 E. Caldecott Lane		23C. DATE SIGNED April 4, 1953	

24A. BURIAL, CREMATION, REMOVAL (Specify)		24B. DATE April 7/53		24C. NAME OF CEMETERY OR CREMATORY Balto. National		24D. LOCATION (City, town, or county) (State) Fredrick Rd Md	
DATE RECEIVED BY LOCAL REGISTRAR APR 6 - 1953		REGISTRAR'S SIGNATURE Huntington Williams, M.D.		25. FUNERAL DIRECTOR Trust E. Sonoran		ADDRESS 3818 Roland Ave.	

VS 150

5838B

MEDICAL CERTIFICATION



552-4
3369

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 53 3369

BIRTH NO.		1. NAME OF DECEASED (Type or Print)		2. DATE OF DEATH	
		EDWARD YINGLING		APRIL 5, 1953	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE B. COUNTY			
BALTIMORE		MD			
5. FULL NAME OF HOSPITAL OR INSTITUTION		6. CITY OR TOWN (If outside corporate limits, write RURAL and give township)			
SOUTH BALTIMORE GEN. HOSP.		BALTIMORE, MD. 27-07			
7. C. North of stay in Baltimore		8. STREET ADDRESS (If rural, give location)			
54		2830 GLENDALE AVE #14			
9. SEX	10. COLOR OR RACE	11. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	12. DATE OF BIRTH	13. AGE (In years last birthday)	14. If Under 1 Year Months: Days
M	W	M	July 24, 1898	54	
15A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		15B. KIND OF BUSINESS OR INDUSTRY		16. BIRTHPLACE (State or foreign country)	
Koester Bakery		BAKERY		BALTIMORE	
17. FATHER'S NAME			18. MOTHER'S MAIDEN NAME		
LOUIS Yingling			MARY Susan Smith		
19. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)		20. SOCIAL SECURITY NO.		21. INFORMANT ADDRESS	
				Mrs. Mary A. Yingling, 2830 Glendale	
19. 151X		CAUSE OF DEATH		INTERVAL BETWEEN ONSET AND DEATH	
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)		CARCINOMA OF STOMACH			
ANTECEDENT CAUSES					
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.					
II		OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.			
19A. DATE OF OPERATION		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY?	
4-3-53		CA OF STOMACH - INOPERABLE		YES <input type="checkbox"/> NO <input type="checkbox"/>	
21A. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH		21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from April 2, 1953, to April 5, 1953, that I last saw the deceased alive on April 5, 1953, and that death occurred at 2:45pm., from the causes and on the date stated above.					
23A. SIGNATURE		23B. ADDRESS		23C. DATE SIGNED	
W. McLoonway		South Baltimore Real Hosp			
24A. BURIAL, CREMATION, REMOVAL (Specify)		24B. DATE		24C. NAME OF CEMETERY OR CREMATORY	
Burial		4/8/53		Parkwood Cemetery	
24D. LOCATION (City, town, or county) (State)		24E. NAME OF CEMETERY OR CREMATORY		24F. LOCATION (City, town, or county) (State)	
Baltimore, Maryland		Baltimore, Maryland		Baltimore, Maryland	
DATE RECEIVED BY LOCAL REGISTRAR		REGISTRAR'S SIGNATURE		25. FUNERAL DIRECTOR ADDRESS	
APR 6 - 1953		Huntington Williams, M.D.		J. Ruck, 5305 Harford Road.	

MEDICAL CERTIFICATION

50044

53 3370

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH53 3370
Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Miriam M. B. Harp

2. DATE
OF DEATH April 2, 1953

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF
HOSPITAL OR
INSTITUTION (If not in hospital or institution, give street address or location)

Mercy Hospital

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE

Maryland

B. COUNTY

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Baltimore

D. STREET ADDRESS (If rural, give location)

3004 Oakcrest Avenue

5. SEX

female

6. COLOR OR RACE

white

7. SINGLE, MARRIED,

WIDOWED, DIVORCED (Specify)

married

8. DATE OF BIRTH

July 4, 1900

9. AGE (In years
last birthday)

52

10. Under 1 Year
Months Days11. Under 24 Hours
Hours Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

at home

10B. KIND OF BUSINESS OR
INDUSTRY

11. BIRTHPLACE (State or foreign country)

Baltimore, Maryland

12. CITIZEN OF
WHAT COUNTRY?

13. FATHER'S NAME

Victor H. Edwards

14. MOTHER'S MAIDEN NAME

Helena H. Fangmeyer

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)16. SOCIAL
SECURITY NO.

17. INFORMANT

ADDRESS

Mr. Wm. S. Harp. 3004 Oakcrest Av.

18. 420.1

CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY
LEADING TO DEATH(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A)

DUE TO

Acute Coronary Thrombosis 2 hrs.

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B)

DUE TO

Essential Hypertension

(C)

INTERVAL BETWEEN
ONSET AND DEATH

2 hrs.

undetermined
no. of yrs.II
OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

none

19A. DATE OF OPERATION

none

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒21A. ACCIDENT WAS UNDER-
LYING OR CONTRIBUTING
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID (If in Baltimore City, give exact location)
INJURY OCCUR?21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

WHILE AT
WORK ☐NOT WHILE
AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 11 PM 1 April, 1953, to 12 Midnight April 1953, that I last saw the
deceased alive on 1 April 1953, and that death occurred at 12:30 AM from the causes and on the date stated above.

23A. SIGNATURE

Edward J. Ruck

M. D.

23B. ADDRESS

7425 Harford Rd

23C. DATE SIGNED

3 April 1953

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

Burial

24B. DATE

Apr. 6, 1953

24C. NAME OF CEMETERY OR CREMATORY

Parkwood Cemetery

24D. LOCATION (City, town, or county)

Baltimore, Maryland

(State)

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

Leonard J. Ruck, 5305 Harford Road.

UNITED STATES DEPARTMENT OF JUSTICE
FEDERAL BUREAU OF INVESTIGATION
WASHINGTON, D. C. 20535

April 3, 1964

TO :

ATTORNEY GENERAL

STATE OF NEW YORK

ALBANY, NEW YORK

RE: [Illegible]

[Illegible]

[Illegible]

[Illegible]

14

[Illegible]

**BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH**

Registered No. **53 3371**

BIRTH NO.

1. NAME OF DECEASED (Type or Print) LOUISE M. THIEL			2. DATE OF DEATH April 4, 1953		
3. PLACE OF DEATH: A. Baltimore City, Maryland			4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Maryland B. COUNTY Baltimore		
B. FULL NAME OF (If not in hospital or institution, give street address or location) Snyder's Nursing Home 4700 Harford Road			C. CITY OR TOWN (If outside corporate limits, write RURAL, and give township) Baltimore		
c. Length of stay in Baltimore Yrs. Mos. Days			D. STREET ADDRESS (If rural, give location) 3100 Summit Avenue 5300		
5. SEX female	6. COLOR OR RACE white	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) widowed	8. DATE OF BIRTH 1868		9. AGE (In years last birthday) 84
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) at home		10B. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) Germany		12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME William Menke			14. MOTHER'S MAIDEN NAME ?		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)		16. SOCIAL SECURITY NO.	17. INFORMANT ADDRESS Mr. Charles E. Thiel, 350 Wye Rd.		

18. 442X I DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) Ante mortem C. V. R. Disease		INTERVAL BETWEEN ONSET AND DEATH
DUE TO		
ANTECEDENT CAUSES		
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.		
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		

19A. DATE OF OPERATION 0		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH	21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)		
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY	21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21F. HOW DID INJURY OCCUR?		

22. I hereby certify that I attended the deceased from **Jan**, 19**53**, to **April 4**, 19**53**, that I last saw the deceased alive on **April 7**, 19**53**, and that death occurred at **1:55 p.m.**, from the causes and on the date stated above.

23A. SIGNATURE [Signature]	23B. ADDRESS 4218 Harford Rd.	23C. DATE SIGNED 4/4/53
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24A. BURIAL, CREMATION, REMOVAL (Specify) Burial	24B. DATE 4/7/53	24C. NAME OF CEMETERY OR CREMATORY Parkwood Cemetery	24D. LOCATION (City, town, or county) (State) Baltimore, Maryland
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DATE RECEIVED BY LOCAL REGISTRAR APR 6 - 1953	REGISTRAR'S SIGNATURE [Signature]	FUNERAL DIRECTOR Leonard J. Ruck	ADDRESS 5305 Harford Road.
---	---	--	--------------------------------------

MEDICAL CERTIFICATION

r. Haase
218 Harford Terrace
A. 0392

7 P.M.

CELEBRATION OF DEVIN

OFFICE OF THE ALBANY DEMOCRAT

321

**BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH**

Registered No. **53 3372**

53 3372

BIRTH NO.

1. NAME OF DECEASED (Type or Print) James Johnson		2. DATE OF DEATH April 2 1953	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE md B. COUNTY Charles	
B. FULL NAME OF (If not in hospital or institution, give street address or location) Maryland State penitentiary		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Rural Hughesville	
c. Length of stay in Baltimore 15 years		D. STREET ADDRESS (If rural, give location) 5800	
5. SEX Male	6. COLOR OR RACE Negro	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH Aug 15 1907
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farm Worker		10B. KIND OF BUSINESS OR INDUSTRY	
13. FATHER'S NAME Oscar Simms		14. MOTHER'S MAIDEN NAME Margaret Johnson	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) no		16. SOCIAL SECURITY NO. none	
17. INFORMANT Patient (deceased)		ADDRESS	

18. 331X and 177X DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) Cerebrovascular Accident DUE TO Hypertension (B) Metastatic carcinoma (associated cause) DUE TO (C) Carcinoma of the prostate		INTERVAL BETWEEN ONSET AND DEATH 10 hours years	
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.			
19A. DATE OF OPERATION 0		19B. MAJOR FINDINGS OF OPERATION with secondary deposits	
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)	21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) INJURY	21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from May 11 1949 , to April 2, 1953 , that I last saw the deceased alive on April 1 1953 , and that death occurred at 4.40p. , from the causes and on the date stated above.			
23A. SIGNATURE Henry W. D. Hollies		23B. ADDRESS M. D. Maryland Penitentiary	
23C. DATE SIGNED April 2 53			
24A. BURIAL, CREMATION, REMOVAL (Specify) Burial	24B. DATE 4-6-53	24C. NAME OF CEMETERY OR CREMATORY Sacred Heart	24D. LOCATION (City, town, or county) (State) German Hill Rd
DATE RECEIVED BY LOCAL REGISTRAR APR 6-1953	REGISTRAR'S SIGNATURE Huntington Williams	25. FUNERAL DIRECTOR J. J. Raboy ADDRESS 1318 Light St	

STATE OF NEW YORK
DEPARTMENT OF HEALTH
BUREAU OF VITAL STATISTICS
OFFICE OF THE REGISTRAR
ALBANY, N. Y.

1912

1912

NAME OF DECEASED

DATE OF DEATH

AGE

SEX

PLACE OF BIRTH

CAUSE OF DEATH

DIAGNOSIS

DATE OF BURIAL

PLACE OF BURIAL

NAME OF MINISTER

NAME OF FUNERAL HOME

NAME OF UNDERTAKER

NAME OF CEMETERY

NAME OF INTERVIEWER

NAME OF WITNESS

NAME OF SIGNER

NAME OF OFFICIAL

NAME OF CLERK

NAME OF ASSISTANT

NAME OF ATTORNEY

NAME OF JUDGE

NAME OF SHERIFF

NAME OF CONSTABLE

NAME OF DEPUTY

NAME OF CLERK

NAME OF ASSISTANT

NAME OF ATTORNEY

NAME OF JUDGE

NAME OF SHERIFF

NAME OF CONSTABLE

NAME OF DEPUTY

NAME OF CLERK

NAME OF ASSISTANT

NAME OF ATTORNEY

NAME OF JUDGE

NAME OF SHERIFF

NAME OF CONSTABLE

NAME OF DEPUTY

NAME OF CLERK

NAME OF ASSISTANT

NAME OF ATTORNEY

NAME OF JUDGE

-620
53 3373

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

53 3373
Registered No.

BIRTH NO.		1. NAME OF DECEASED (Type or Print) <i>Burnett Brooks</i>		2. DATE OF DEATH <i>April 3, 1953</i>	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived, if institution; residence before admission) A. STATE <i>md.</i> B. COUNTY			
B. FULL NAME OF HOSPITAL OR INSTITUTION <i>JOHNS HOPKINS HOSPITAL</i>		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <i>Baltimore</i>			
c. Length of stay in Baltimore <i>30</i>		D. STREET ADDRESS (If rural, give location) <i>1019 Rutland Ave.</i>			
5. SEX <i>Male</i>	6. COLOR OR RACE <i>Colored</i>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <i>Married</i>	8. DATE OF BIRTH <i>1-4-02</i>	9. AGE (In years, last birthday) <i>51</i>	If Under 1 Year: Months: Days; If Under 24 Hours: Hours: Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>Steel worker</i>		10B. KIND OF BUSINESS OR INDUSTRY <i>Bethlehem Steel Co.</i>		11. BIRTHPLACE (State or foreign country) <i>Prince Edward Va.</i>	
13. FATHER'S NAME <i>Daniel Brooks</i>		14. MOTHER'S MAIDEN NAME <i>Mary Coles</i>		12. CITIZEN OF WHAT COUNTRY? <i>U. S. A.</i>	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) <i>No</i>		16. SOCIAL SECURITY NO. <i>216-10-2767</i>		17. INFORMANT <i>JOHNS HOPKINS HOSPITAL</i>	
18. <i>445x</i> DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) <i>Uremia</i>		CAUSE OF DEATH		INTERVAL BETWEEN ONSET AND DEATH <i>1 month</i>	
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. <i>Malignant Hypertension</i>		(B) DUE TO		<i>4 months</i>	
(C) DUE TO					
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.					
19A. DATE OF OPERATION <i>21</i>		19B. MAJOR FINDINGS OF OPERATION			20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
21A. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH		21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) INJURY		21E. INJURY OCCURRED WHILE AT <input type="checkbox"/> WORK NOT WHILE <input type="checkbox"/> AT WORK		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from <i>3-9</i> , 1953, to <i>4-3</i> , 1953, that I last saw the deceased alive on <i>4-3</i> , 1953, and that death occurred at <i>1055</i> p.m., from the causes and on the date stated above.					
23A. SIGNATURE <i>Carol H. Johnson</i>		23B. ADDRESS <i>JOHNS HOPKINS HOSPITAL</i>		23C. DATE SIGNED <i>4/4/53</i>	
24A. BURIAL, CREMATION, REMOVAL (Specify) <i>Burial</i>	24B. DATE <i>4-7-1953</i>	24C. NAME OF CEMETERY OR CREMATORY <i>Mt. Calvary Cemetery</i>	24D. LOCATION (City, town, or county) (State) <i>Anne Arundel Co. Md.</i>		
DATE RECEIVED BY LOCAL REGISTRAR <i>APR 6-1953</i>		REGISTRAR'S SIGNATURE <i>Huntington Williams</i>		25. FUNERAL DIRECTOR <i>Mr. Randolph J. Collick</i>	
				ADDRESS <i>142 E. Preston St.</i>	

MEDICAL CERTIFICATION

6903A

STATE OF NEW YORK
CERTIFICATE OF DEATH

DECEASED

DATE

PLACE OF DEATH

CAUSE OF DEATH

DECEASED

DECEASED

DECEASED

DECEASED

DECEASED

DECEASED

DECEASED

DECEASED

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DECEASED

DECEASED

451
53 3374BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH53 3374
Registered No. _____

BIRTH NO. _____

1. NAME OF DECEASED (Type or Print) JENNIE FIELDING KLINEFELTER		2. DATE OF DEATH APRIL 4, 1953	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE MARYLAND B. COUNTY BALTIMORE	
B. FULL NAME OF (If not in hospital or institution, give street address or location) 506 ROSEHILL TERRACE		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) BALTIMORE	
c. Length of stay in Baltimore ?? Yrs. Mos. Days		D. STREET ADDRESS (If rural, give location) 506 ROSEHILL TERRACE	
5. SEX FEMALE	6. COLOR OR RACE WHITE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) WIDOWED	8. DATE OF BIRTH JAN. 7, 1874
9. AGE (In years last birthday) 79		10. UNDER 1 Year Months Days 11. UNDER 24 Hours Hours Min.	
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) HOUSEWIFE		10B. KIND OF BUSINESS OR INDUSTRY	
11. BIRTHPLACE (State or foreign country) BALTO. MD.		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13. FATHER'S NAME JAMES BOSSON		14. MOTHER'S MAIDEN NAME MARY C. BRADY	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) ?		16. SOCIAL SECURITY NO. ?	
17. INFORMANT MRS. RICHARD T. BRADY		ADDRESS 434 Kenneth SQ.	

18. 422.1 DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) Arteriosclerotic Cardiac Disease CAUSE OF DEATH (A) DUE TO (B) DUE TO (C) DUE TO INTERVAL BETWEEN ONSET AND DEATH 3 yrs.	
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. Bronchial Asthma OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 5 yrs.	

19A. DATE OF OPERATION 0		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21A. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH		21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> HOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from May 1951 to April 4, 1953 , that I last saw the deceased alive on April 12, 1953 , and that death occurred at 5 P. M. , from the causes and on the date stated above.					
23A. SIGNATURE C. W. H. Kammer, Jr.		23B. ADDRESS 501 Sheridan Ave.		23C. DATE SIGNED April 5, 1953	
24A. BURIAL, CREMATION, REMOVAL (Specify) BURIAL		24B. DATE APRIL 7, 53		24C. NAME OF CEMETERY OR CREMATORY New Cathedral Cem.	
24D. LOCATION (City, town, or county) (State) Balto. Md.		25. FUNERAL DIRECTOR John A. Moran 3000 E. BALTO. ST. 24			

88

CONGRESS
FORD
WATLEY

520
33 3375BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

53 3375

Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Susan Jones

2. DATE
OF
DEATH

April 2, 1953

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF
HOSPITAL OR
INSTITUTION (If not in hospital or institution, give street address or location)

1366 N. Stricker St.

4. USUAL RESIDENCE (Where deceased lived. If institution: residence
A. STATE B. COUNTY before admission)

Md.

C. CITY OR TOWN

Balto.

D. STREET ADDRESS (If rural, give location)

1366 N. Stricker St.

c. Length of stay in Baltimore

?

Yrs.
Mos.
Days

5. SEX

F

6. COLOR OR RACE

COL.

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

W

8. DATE OF BIRTH

2/29/78

9. AGE (In years
last birthday)

75

If Under 1 Year
Months Days Hours Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

H. Wife

10B. KIND OF BUSINESS OR
INDUSTRY

11. BIRTHPLACE (State or foreign country)

Va.

12. CITIZEN OF
WHAT COUNTRY?

USA

13. FATHER'S NAME

?

14. MOTHER'S MAIDEN NAME

?

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)

No

16. SOCIAL
SECURITY NO.

None

17. INFORMANT

ADDRESS

Geo. Jones 1366 N. Stricker St.

18. 442X I

DISEASE OR CONDITION DIRECTLY
LEADING TO DEATH(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

CAUSE OF DEATH

(A)

Cerebro-Vascular Accident

DUE TO

(B)

DUE TO

(C)

INTERVAL BETWEEN
ONSET AND DEATHII
OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

No

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH21B. PLACE OF INJURY (a. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour)
INJURY

21E. INJURY OCCURRED

WHILE AT ☐ NOT WHILE ☐
WORK AT WORK

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from March 1, 1953 to April 2, 1953 that I last saw the
deceased alive on April 2, 1953 and that death occurred at 9:00 a.m., from the causes and on the date stated above.

23A. SIGNATURE

23B. ADDRESS

23C. DATE SIGNED

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

Burial

24B. DATE

4/7/53

24C. NAME OF CEMETERY OR CREMATORY

Mt Auburn

24D. LOCATION (City, town, or county) (State)

Balto. Md.

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

APR 6-1953

Huntington Williams, M.D.

Geo. G. Kelson 1303 Presstman St.

VS 150

Geo. G. Kelson

MEDICAL CERTIFICATION

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

1911-1912

601

CAUSE OF DEATH

REASON FOR DEATH DIRECTLY

REASON FOR DEATH INDIRECTLY

REASON FOR DEATH REMOTE

REASON FOR DEATH REMOTE

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323
33 3376

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

53 3376
Registered No.

1. NAME OF DECEASED (Type or Print) WALTER B. STOCKSDALE		2. DATE OF DEATH Apr. 4, 1953	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Md. B. COUNTY 16-07	
5. FULL NAME OF HOSPITAL OR INSTITUTION 3105 Baker St.		C. CITY OR TOWN (If outside corporate limits write RURAL and give township) Baltimore	
c. Length of stay in Baltimore		D. STREET ADDRESS (If rural, give location) 3105 Baker St.	
5. SEX male	6. COLOR OR RACE white	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) single	8. DATE OF BIRTH Mar. 28, 1884
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Proof Reader		10B. KIND OF BUSINESS OR INDUSTRY Gov't. Printing Office	9. AGE (In years last birthday) 69
11. BIRTHPLACE (State or foreign country) Maryland		12. CITIZEN OF WHAT COUNTRY? Maryland	
13. FATHER'S NAME George Stocksdales		14. MOTHER'S MAIDEN NAME Addie Cromwell	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) no		16. SOCIAL SECURITY NO.	
17. INFORMANT Mrs. Daisy C. Murphy - 3105 Baker St.		ADDRESS	

18. 443X DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) Apoplexy DUE TO Hypertensive Arteriosclerosis DUE TO Coronary Vascular Disease DUE TO Dissecting Aortic Aneurysm	CAUSE OF DEATH	INTERVAL BETWEEN ONSET AND DEATH 1
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		

19A. DATE OF OPERATION 0		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH <input type="checkbox"/>		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.) ---		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location) ---
21D. TIME (Month) (Day) (Year) (Hour) INJURY ---		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR? ---
22. I hereby certify that I attended the deceased from Jan 47 , 19 47 to Apr 4 , 19 53 , that I last saw the deceased alive on Apr 4 , 19 53 and that death occurred at 3A m., from the causes and on the date stated above.				
23A. SIGNATURE Wm. J. Pickner		23B. ADDRESS 3033 Woodlawn		23C. DATE SIGNED 4/5/53
24A. BURIAL, CREMATION, REMOVAL (Specify) Burial		24B. DATE 4/7/53	24C. NAME OF CEMETERY OR CREMATORY Lorraine Cem.	24D. LOCATION (City, town, or county) (State) Woodlawn Md.

DATE RECEIVED BY LOCAL REGISTRAR Apr 6 1953	REGISTRAR'S SIGNATURE H. H. Williams, M.D.	25. FUNERAL DIRECTOR Wm. J. Pickner & Sons	ADDRESS Balto 17 Md
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VS 150
390 4M

363
53 3377BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 53 3377

BIRTH NO.

1. NAME OF DECEASED (Type or Print) WILBUR G STREET		2. DATE OF DEATH 4-2-53	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE MD. B. COUNTY 20-03	
B. FULL NAME OF HOSPITAL OR INSTITUTION UNIVERSITY HOSPITAL		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) BALTIMORE	
D. STREET ADDRESS (If rural, give location) 2031 HOLLINS ST.		E. LENGTH OF STAY IN BALTIMORE Yrs. Mos. Days	
5. SEX M	6. COLOR OR RACE W	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) M	8. DATE OF BIRTH Feb. 2, 1883
9. AGE (In years last birthday) 70		10. Under 1 Year: Months Days 11. Under 24 Hours: Hours Min.	
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Bricklayer		10B. KIND OF BUSINESS OR INDUSTRY -	
11. BIRTHPLACE (State or foreign country) Maryland		12. CITIZEN OF WHAT COUNTRY? -	
13. FATHER'S NAME Streett		14. MOTHER'S MAIDEN NAME -	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (If yes, give war or dates of service) Yes Spanish American War-186-10-0718		16. SOCIAL SECURITY NUMBER 216-16-1131	
17. INFORMANT Mr. William Streett-Streett, Md.		ADDRESS -	
18. 420.0 DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) CAUSE OF DEATH (A) Acute Pulmonary Edema DUE TO (B) Congestive Heart Failure DUE TO (C) Arteriosclerotic Heart Disease INTERVAL BETWEEN ONSET AND DEATH 26 hrs. ?			
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.			
19A. DATE OF OPERATION 0		19B. MAJOR FINDINGS OF OPERATION	
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH <input type="checkbox"/>		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)			
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
21F. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from April 1, 1953 , to April 2, 1953 that I last saw the deceased alive on April 2, 1953 , and that death occurred at 9:10 A. M. , from the causes and on the date stated above.			
23A. SIGNATURE Dr. H. G. Smith		23B. ADDRESS Univ. Hosp.	
23C. DATE SIGNED 4-3-53			
24A. BURIAL, CREMATION, REMOVAL (Specify) Burial		24B. DATE 4/7/53	
24C. NAME OF CEMETERY OR CREMATORY St. Peter's Cem.		24D. LOCATION (City, town, or county) (State) Balto., Md.	
DATE RECEIVED BY LOCAL REGISTRAR APR 6-1953		REGISTRAR'S SIGNATURE Huntington Williams, M.D.	
25. FUNERAL DIRECTOR J. S. Sicker & Sons		ADDRESS Balto 17, Md.	

122
53 3378BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH53 3378
Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)Bowie
BERNICE / CHIPCHASE2. DATE
OF
DEATH

4/4/53

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR
INSTITUTION

University Hospital

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE

Maryland

B. COUNTY

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)
Baltimore

D. STREET ADDRESS (If rural, give location)

2425 Maryland Ave.

c. Length of stay in Baltimore

Yrs.
Mos.
Days

5. SEX

Female

6. COLOR OR RACE

White

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

widowed

8. DATE OF BIRTH

11/14/86

9. AGE (In years
last birthday)

66

If Under 1 Year
Months: DaysIf Under 24 Hours
Hours: Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

Housewife

10B. KIND OF BUSINESS OR
INDUSTRY

at home

11. BIRTHPLACE (State or foreign country)

Maryland

12. CITIZEN OF
WHAT COUNTRY?

13. FATHER'S NAME

Reginald Bowie

14. MOTHER'S MAIDEN NAME

Blanch Crouch

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown)

(If yes, give war or dates of service)

16. SOCIAL
SECURITY NO.

17. INFORMANT

ADDRESS

Mrs. Alice B. Dorsey - 209 Goodwood Garden

18. 420.1

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)(A) Circulatory Collapse
DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.(B) Myocardial Infarction
DUE TO

(C)

II
OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

Dissection

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR? (If in Baltimore City, give exact location)21D. TIME (Month) (Day) (Year) (Hour)
INJURY

21E. INJURY OCCURRED

WHILE AT ☐ NOT WHILE ☐
WORK AT WORK

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 3/2/53, 19__, to 4/4/53, 19__, that I last saw the
deceased alive on 4/4/53, 19__, and that death occurred at 8:45 Am., from the causes and on the date stated above.

23A. SIGNATURE

J. J. Edlberger

M. D.

23B. ADDRESS

University Hospital

23C. DATE SIGNED

4/4

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

Burial

24B. DATE

4/6/53

24C. NAME OF CEMETERY OR CREMATORY

Lorraine

24D. LOCATION (City, town, or county) (State)

Woodlawn, Md.

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

Huntington Williams, M.D.

25. FUNERAL DIRECTOR

Wm. J. Pickner & Sons

ADDRESS

Balto 17, Md.

UNITED STATES DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

WATER RESOURCES DIVISION

WATER RESOURCES DIVISION

WATER RESOURCES DIVISION

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WATER RESOURCES DIVISION

53 3379

BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

53 3379
Registered No. _____

1. NAME OF DECEASED (Type or Print) MARION L. HENDERSON (Lindsey)		7. DATE OF DEATH APR. 6, 1953	
3. PLACE OF DEATH: a. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE MARYLAND b. COUNTY BALTIMORE CITY	
b. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION UNION MEMORIAL HOSPITAL		c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) BALTIMORE 9-01	
c. Length of stay in Baltimore 63 Yrs. Mos. Days		d. STREET ADDRESS (If rural, give location) 3925 KIMBLE ROAD	
5. SEX M	6. COLOR OR RACE W	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH JUN 14, 1889
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) STOCK CLERK	10b. KIND OF BUSINESS OR INDUSTRY RAIL ROAD	9. AGE (In years last birthday) 63	11. BIRTHPLACE (State or foreign country) MARYLAND
13. FATHER'S NAME EDGAR E. HENDERSON		12. CITIZEN OF WHAT COUNTRY?	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) no		14. MOTHER'S MAIDEN NAME HARRIET BRITTINGHAM	
16. SOCIAL SECURITY NO.		17. INFORMANT ADDRESS ELSIE HENDERSON SAME	

18. 420.0	I	CAUSE OF DEATH	INTERVAL BETWEEN ONSET AND DEATH
	DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)	(A) MYOCARDIAL INFARCTION	3 days
	ANTECEDENT CAUSES	(B) ARTERIOSCLEROTIC HEART DISEASE	unknown
	DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.	(C)	
II	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		

MEDICAL	19A. DATE OF OPERATION <u>10</u>		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
	21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
	21D. TIME (Month) (Day) (Year) (Hour) INJURY m.		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	

22. I hereby certify that I attended the deceased from April 3, 1953 to April 6, 1953 that I last saw the deceased alive on April 6, 1953 and that death occurred at 5²⁵ A.M., from the causes and on the date stated above.

23A. SIGNATURE <i>E. Ede Trunnell Jr.</i>		23B. ADDRESS M. D. UNION MEMORIAL HOSP		23C. DATE SIGNED APR. 3, 53
24A. BURIAL, CREMATION, REMOVAL (Specify) Burial	24B. DATE 4/9/53	24C. NAME OF CEMETERY OR CREMATORY Parkwood Cem.	24D. LOCATION (City, town, or county) (State) Balto. Co., Md.	

DATE RECEIVED BY LOCAL REGISTRAR APR 6 - 1951	REGISTRAR'S SIGNATURE Huntington Williams, M.D.	25 FUNERAL DIRECTOR Wm. J. Pickner & Sons	ADDRESS 390 50 Balto 17, Md.
VS 150			

VS 150

390 50

Balto 17. Md.

THE UNIVERSITY OF CHICAGO
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CHICAGO, ILL. 60607
TEL. 777-3000
FAX 777-3000
WWW.CHICAGO.EDU

155
53 3380BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH53 3380
Registered No.

BIRTH NO.	
1. NAME OF DECEASED (Type or Print) BRUNO LIEBMANN	
2. DATE OF DEATH April 4, 1953	
3. PLACE OF DEATH: A. Baltimore City, Maryland	
B. FULL NAME OF (If not in hospital or institution, give street address or location) 3418 Kentucky Ave.	
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore	
D. STREET ADDRESS (If rural, give location) 3418 Kentucky Ave.	
c. Length of stay in Baltimore Yrs. Mos. Days	
5. SEX male	6. COLOR OR RACE white
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) widowed	8. DATE OF BIRTH June 26, 1867
9. AGE (in years last birthday) 85	If Under 1 Year Months Days
10. CITIZEN OF WHAT COUNTRY? Germany	If Under 24 Hours Hours Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Cabinet maker rtd	10B. KIND OF BUSINESS OR INDUSTRY furniture
11. BIRTHPLACE (State or foreign country) Germany	12. CITIZEN OF WHAT COUNTRY? Germany
13. FATHER'S NAME Moritz Liebmann	14. MOTHER'S MAIDEN NAME Elma ?
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) no	16. SOCIAL SECURITY NO.
17. INFORMANT ADDRESS Mrs. Alvina L. Dashiell-3413 Kentucky Ave	
18. CAUSE OF DEATH I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, ashenia, etc. It means the disease, injury or complication which caused death.) Myocardial Infarction DUE TO II. ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. Arteriosclerosis DUE TO III. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.	
19. DATE OF OPERATION 0	
19B. MAJOR FINDINGS OF OPERATION	
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH	21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	21D. TIME (Month) (Day) (Year) (Hour) INJURY
21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21F. HOW DID INJURY OCCUR?
22. I hereby certify that I attended the deceased from March 27, 1953 to April 4, 1953 , that I last saw the deceased alive on April 3, 1953 and that death occurred at 1:30 A.M. , from the causes and on the date stated above.	
23A. SIGNATURE Hubert M. Foster	23B. ADDRESS 2824 St. Paul
23C. DATE SIGNED April 5-53	
24A. BURIAL, CREMATION, REMOVAL (Specify) Burial	24B. DATE 4/6/53
24C. NAME OF CEMETERY OR CREMATORY Druid Ridge Cem.	24D. LOCATION (City, town, or county) (State) Pikesville, Md.
25. FUNERAL DIRECTOR Huntington Williams, M.D.	25. FUNERAL DIRECTOR ADDRESS St. M. J. Vicker & Sons
26. DATE RECEIVED BY LOCAL REGISTRAR APR 6-1953	26. DATE RECEIVED BY LOCAL REGISTRAR ADDRESS Balto. 17, Md.

CERTIFICATE OF DEATH

DATE OF DEATH

PLACE OF DEATH

CAUSE OF DEATH

AGE AT DEATH

SEX

RACE

EDUCATION

OCCUPATION

RELIGION

MARRIAGE

PREVIOUS ILLNESS

DIAGNOSIS

TREATMENT

DATE OF BURIAL

PLACE OF BURIAL

NAME OF FUNERAL HOME

NAME OF MINISTER

NAME OF CLERGYMAN

NAME OF CHURCH

NAME OF CEMETERY

NAME OF INTERVIEWER

NAME OF WITNESS

425
53 3381BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH53 3381
Registered No.

1. NAME OF DECEASED (Type or Print) VIOLET ELANOR. WILSON.			2. DATE OF DEATH Apr. 5, 1953		
3. PLACE OF DEATH: A. Baltimore City, Maryland BALTIMORE MD			4. USUAL RESIDENCE (Where deceased lived, if institution, residence before admission) A. STATE Maryland B. COUNTY		
B. FULL NAME OF HOSPITAL OR INSTITUTION Union Memorial Hosp.			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore		
C. Length of stay in Baltimore life			D. STREET ADDRESS (If rural, give location) 2916 Loudon Ave.		
5. SEX F	6. COLOR OR RACE W.	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH Dec 26, 1892		9. AGE (In years last birthday) 60 yrs.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) housewife		10B. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) Baltimore MD.		12. CITIZEN OF WHAT COUNTRY? USA
13. FATHER'S NAME Henry Berenberger.			14. MOTHER'S MAIDEN NAME Anna Herbst		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) -		16. SOCIAL SECURITY NO. no	17. INFORMANT ADDRESS Mr. Frank L. Wilson - 2916 Loudon Ave.		

18. 572.1 DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) Generalized peritonitis		INTERVAL BETWEEN ONSET AND DEATH
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. Perforated diverticulum, sigmoid		
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		
19A. DATE OF OPERATION March 27, 53	19B. MAJOR FINDINGS OF OPERATION Peritonitis, Perforated Sigmoid Diverticulum	20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>
21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)	21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY	21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from **29 Mar**, 19**53**, to **5 April**, 19**53**, that I last saw the deceased alive on **5 April**, 19**53**, and that death occurred at **11 A.m.**, from the causes and on the date stated above.

23a. SIGNATURE **Thos. A. E. Mowley** M. D. 23b. ADDRESS **Union Memorial Hosp.** 23c. DATE SIGNED **5 April 53**

24A. BURIAL, CREMATION, REMOVAL (Specify) **Burial** 24b. DATE **4/8/53** 24c. NAME OF CEMETERY OR CREMATORY **Moreland Mem. Park** 24d. LOCATION (City, town, or county) (State) **Balto. Co., Md.**

DATE RECEIVED BY LOCAL REGISTRAR **APR 8 - 1953** REGISTRAR'S SIGNATURE **Huntington Williams, M.D.** 25. FUNERAL DIRECTOR **Wm. J. Pickner & Son** ADDRESS **Balto 17, Md.**

UNITED STATES DEPARTMENT OF AGRICULTURE
BUREAU OF PLANT INDUSTRY
WASHINGTON, D. C.

PLANT INDUSTRY

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BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATHRegistered No. **53 3382**

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

LAVINIA TAYLOR

2. DATE
OF DEATH April 1, 1953

3. PLACE OF DEATH:

A. Baltimore City, Maryland Balto. City

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE Maryland

B. COUNTY

B. FULL NAME OF
HOSPITAL OR
INSTITUTION (If not in hospital or institution, give street address or location)

Provident Hospital

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Baltimore

c. Length of stay in Baltimore 25 Yrs.

Yrs.
Mos.
Days

D. STREET ADDRESS (If rural, give location)

2308 McCulloh Street

5. SEX

Female

6. COLOR OR RACE

Colored

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

Married

8. DATE OF BIRTH

Nov-28- 1924

9. AGE (In years
last birthday)

28

If Under 1 Year
Months DaysIf Under 24 Hours
Hours Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

Operator

10B. KIND OF BUSINESS OR
INDUSTRY

Clothing House

11. BIRTHPLACE (State or foreign country)

Virginia

12. CITIZEN OF
WHAT COUNTRY?

U.S.A.

13. FATHER'S NAME

?

14. MOTHER'S MAIDEN NAME

?

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)

No

16. SOCIAL
SECURITY NO.

17. INFORMANT

ADDRESS St

William R. Gatling 928 N. Caloline

18. 443X

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A) Hypertensive cardiovascular disease

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B)

DUE TO

(C)

II
OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONJOINT CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☒ NO ☐21A. EXTERNAL CAUSE WAS
UNDERLYING ☐ OR CONTRIB-
UTING ☐ CAUSE OF DEATH.21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR? (If in Baltimore City, give exact location)21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

WHILE AT ☐ NOT WHILE ☐
m. WORK AT WORK

21F. HOW DID INJURY OCCUR?

22. I certify that I took charge of the remains described above, held an autopsy thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐.

23A. SIGNATURE

Rd Fisher

M.D.

23B. CHIEF MEDICAL EXAMINER ☒
ASSISTANT MEDICAL EXAMINER ☐
MEDICAL INVESTIGATOR ☐23C. DATE SIGNED
April 2, 195324A. BURIAL, CREMA-
TION, REMOVAL (Specify)

Burial

24B. DATE

4/6/1953

24C. NAME OF CEMETERY OR CREMATORY

Baltimore Nat.

24D. LOCATION (City, town, or county)

Baltimore Md.

(State)

DATE RECEIVED BY
LOCAL REGISTRAR

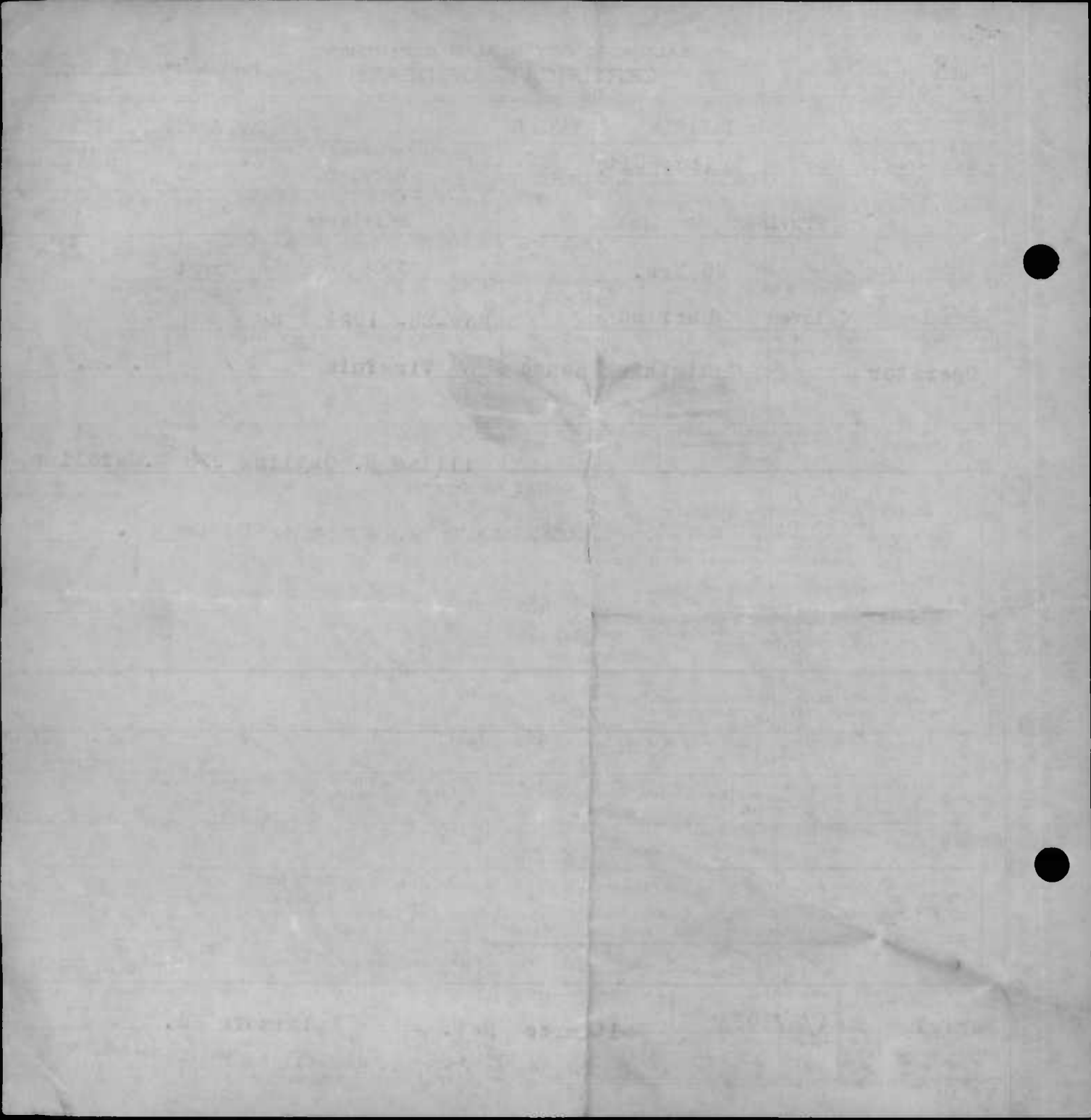
REGISTRAR'S SIGNATURE

Huntington Williams, M.D.

25. FUNERAL DIRECTOR

Elroy O. Wilson 1000 Bunting Ave

ADDRESS



**BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH**

53 3383
Registered No. _____

BIRTH NO. _____

1. NAME OF DECEASED (Type or Print) <i>William James</i>		2. DATE OF DEATH <i>April 5, 1953</i>	
3. PLACE OF DEATH: A. Baltimore City, Maryland <i>14th St SE</i>		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE <i>Md.</i> B. COUNTY _____	
B. FULL NAME OF HOSPITAL OR INSTITUTION <i>JOHNS HOPKINS HOSPITAL</i>		C. CITY OR TOWN (If outside corporate limits, write full name and give township) <i>Baltimore</i>	
C. Length of stay in Baltimore <i>1 wk</i>		D. STREET ADDRESS (If rural, give location) <i>1600 N. Calhoun St.</i>	
5. SEX <i>Male</i>	6. COLOR OR RACE <i>Colored</i>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <i>Child</i>	8. DATE OF BIRTH <i>5-15-'46</i>
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>none</i>		10B. KIND OF BUSINESS OR INDUSTRY <i>none</i>	
11. BIRTHPLACE (State or foreign country) <i>Baltimore</i>		12. CITIZEN OF WHAT COUNTRY? <i>U.S.</i>	
13. FATHER'S NAME <i>John Eden</i>		14. MOTHER'S MAIDEN NAME <i>Doris James</i>	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) <i>no</i>		16. SOCIAL SECURITY NO. _____	
17. INFORMANT <i>JOHNS HOPKINS HOSPITAL</i>		ADDRESS _____	

18. <i>292.4</i> DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.	CAUSE OF DEATH (A) <i>Intestinal hemorrhage</i> DUE TO _____ (B) <i>Aplastic Anemia - etiology</i> DUE TO <i>undetermined</i> (C) _____	INTERVAL BETWEEN ONSET AND DEATH <i>10 days</i> <i>8 months</i>

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. <i>Chronic mastoiditis</i>	
--	--

19A. DATE OF OPERATION <i>3/23/53</i>		19B. MAJOR FINDINGS OF OPERATION <i>Splenectomy performed.</i>		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH <input type="checkbox"/>		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.) _____		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location) _____	
21D. TIME (Month) (Day) (Year) (Hour) INJURY _____		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR? _____	

22. I hereby certify that I attended the deceased from *12-24-*, 19*53*, to *45-*, 19*53*, that I last saw the deceased alive on *4-5-*, 19*53*, and that death occurred at *2:45* m., from the causes and on the date stated above.

23A. SIGNATURE <i>Anthony F. Wilson M.D.</i>		23B. ADDRESS <i>JOHNS HOPKINS HOSPITAL</i>		23C. DATE SIGNED <i>4/5/53</i>	
--	--	--	--	--------------------------------	--

24A. BURIAL, CREMATION, REMOVAL (Specify) <i>Buried</i>		24B. DATE <i>4-8-53</i>		24C. NAME OF CEMETERY OR CREMATORY <i>mt clemens</i>		24D. LOCATION (City, town, or county) (State) <i>Brooklyn Md</i>	
---	--	-------------------------	--	--	--	--	--

DATE RECEIVED BY LOCAL REGISTRAR <i>APR 6-1953</i>		REGISTRAR'S SIGNATURE <i>Huntington Williams, M.D.</i>		25. FUNERAL DIRECTOR <i>Chas O. Wilson 1020 Beauty</i>		ADDRESS _____	
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MEDICAL CERTIFICATION

CERTIFICATE OF DEATH

ATTEST: COUNTY CLERK

DATE OF DEATH

PLACE OF DEATH

CAUSE OF DEATH

AGE AT DEATH

SEX

RACE

EDUCATION

RELIGION

DATE OF BIRTH

PLACE OF BIRTH

DATE OF MARRIAGE

PLACE OF MARRIAGE

DATE OF DEPARTURE

PLACE OF DEPARTURE

DATE OF RETURN

PLACE OF RETURN

DATE OF ARRIVAL

PLACE OF ARRIVAL

**BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH**

53 3384
Registered No.

470
FVJ 162063 3384

1. NAME OF DECEASED (Type or Print) William N. Mills		2. DATE OF DEATH April 5, 1953	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Maryland B. COUNTY Baltimore	
5. FULL NAME OF HOSPITAL OR INSTITUTION Baltimore City Hospitals 4940 Eastern Avenue		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore	
6. Length of stay in Baltimore Life		D. STREET ADDRESS (If rural, give location) 3334 Strickland Street	
7. SEX Male	8. COLOR OR RACE White	9. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Married	10. DATE OF BIRTH Jan. 13, 1878
11. AGE (In years last birthday) 73		12. AGE (In years last birthday) 75	
13. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Ret. Elevator Electrician		14. KIND OF BUSINESS OR INDUSTRY	
15. BIRTHPLACE (State or foreign country) Maryland		16. CITIZEN OF WHAT COUNTRY?	
17. FATHER'S NAME Nicholas Mills		18. MOTHER'S MAIDEN NAME Anna Doan	
19. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) no		20. SOCIAL SECURITY NO. 216-09-1728	
21. INFORMANT ADDRESS B.C.H. 4940 Eastern Ave. (records)			

18. 420.0 and 260X DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) Diabetes Mellitus DUE TO		INTERVAL BETWEEN ONSET AND DEATH 15 years Months 8 days
19. ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. Atherosclerotic Heart Disease DUE TO Cardiac Failure DUE TO		
20. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		

21. DATE OF OPERATION 0		22. MAJOR FINDINGS OF OPERATION		23. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
24. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH <input type="checkbox"/>		25. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		26. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
27. TIME (Month) (Day) (Year) (Hour) OF INJURY		28. INJURY OCCURRED		29. HOW DID INJURY OCCUR?	
30. WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>					

22. I hereby certify that I attended the deceased from **3-27-53**, 19**53**, to **4-5-**, 19**53** that I last saw the deceased alive on **4-5-**, 19**53**, and that death occurred at **10:30 pm.**, from the causes and on the date stated above.

23. SIGNATURE <i>H. J. [Signature]</i>		24. ADDRESS 4940 Eastern Avenue		25. DATE SIGNED 4-5-53	
26. BURIAL, CREMATION, REMOVAL (Specify) burial		27. DATE 4/8/53		28. NAME OF CEMETERY OR CREMATORY Mt. Olivet Cemetery	
29. LOCATION (City, town, or county) (State) Baltimore, Maryland					

31. DATE RECEIVED BY LOCAL REGISTRAR APR 6-1953		32. REGISTRAR'S SIGNATURE <i>Huntington Williams, Jr.</i>		33. FUNERAL DIRECTOR ADDRESS Wm. Cook, Jr., 1217 St. Paul Street	
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MEDICAL CERTIFICATION

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

W 1-100

WILLIAM T. HILL

Residence

1117 W. 11th St.

Baltimore, Md.

Age

65

Sex

Male

Color

White

Married

Single

Widowed

Divorced

Never married

Married

Single

Widowed

Divorced

Never married

Married

Single

Widowed

Divorced

Never married

532
53 3385BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No.

53 3385

BIRTH NO.		1. NAME OF DECEASED (Type or Print) <i>Eva Wentzell</i>		2. DATE OF DEATH <i>4/3/1953</i>	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE <i>Md.</i> B. COUNTY <i>Balto.</i>			
B. FULL NAME OF HOSPITAL OR INSTITUTION <i>3200 E. Fairmount Ave</i>		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <i>Balto.</i>			
C. Length of stay in Baltimore		D. STREET ADDRESS (If rural, give location) <i>3200 E. Fairmount Ave.</i>			
5. SEX <i>Female</i>	6. COLOR OR RACE <i>White</i>	7. SINGLE MARRIED WIDOWED, DIVORCED (Specify) <i>Widowed</i>	8. DATE OF BIRTH <i>OCT. 15, 1872</i>	9. AGE (In years last birthday) <i>80</i>	If Under 1 Year Months: Days: Hours: Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>HOUSEWIFE</i>		10B. KIND OF BUSINESS OR INDUSTRY <i>OWN HOME</i>		11. BIRTHPLACE (State or foreign country) <i>N.J.</i>	
12. CITIZEN OF WHAT COUNTRY?		13. FATHER'S NAME <i>Levi Keene</i>			
14. MOTHER'S MAIDEN NAME <i>Margaret Pearce</i>		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)			
16. SOCIAL SECURITY NO.		17. INFORMANT ADDRESS <i>Phila. John Spencer 102 W. Spencer St.</i>			
18. <i>420.0</i> DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		CAUSE OF DEATH (A) <i>Coronary Heart Disease</i> DUE TO <i>Acute Cardiac Failure</i> (B) <i>Generalized Atherosclerosis</i> DUE TO (C)		INTERVAL BETWEEN ONSET AND DEATH <i>10 yrs</i> <i>2 days</i> <i>10 yrs</i>	
19A. DATE OF OPERATION <i>0</i>		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH		21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT <input type="checkbox"/> WORK NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from <i>Dec. 1, 1952</i> , to <i>April 3, 1953</i> , that I last saw the deceased alive on <i>April 3, 1953</i> , and that death occurred at <i>2P. m.</i> , from the causes and on the date stated above.					
23A. SIGNATURE <i>Israel Rosen</i>		23B. ADDRESS <i>24138 Monument St</i>		23C. DATE SIGNED <i>April 4, 1953</i>	
24A. BURIAL, CREMATION, REMOVAL (Specify) <i>Removal</i>		24B. DATE <i>4/7/53</i>		24C. NAME OF CEMETERY OR CREMATORY <i>Arlington</i>	
24D. LOCATION (City, town, or county) (State) <i>Phila. Pa.</i>		25. FUNERAL DIRECTOR ADDRESS <i>DRG-1865 Huntington Williams, M.D. - Cook Inc. 1217 St. Paul St.</i>			

**BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH**

Registered No. **53 3386**

BIRTH NO.

1. NAME OF DECEASED (Type or Print) John Bosz		2. DATE OF DEATH 4-4-53	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE MD. B. COUNTY Baltimore	
B. FULL NAME OF HOSPITAL OR INSTITUTION Union Memorial Hospital		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore	
C. Length of stay in Baltimore Yrs. Mos. Days		D. STREET ADDRESS (If rural, give location) 3103 Northway Drive	
5. SEX M	6. COLOR OR RACE W	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) W	8. DATE OF BIRTH May 3 1886
10A. USUAL OCCUPATION (Give kind of work and during most of working life, even if retired) Gen. operator City of Balt. Retired		11. BIRTHPLACE (State or foreign country) Germany	
10B. KIND OF BUSINESS OR INDUSTRY		12. CITIZEN OF WHAT COUNTRY? USA	
13. FATHER'S NAME Adam Bosz		14. MOTHER'S MAIDEN NAME Marie Lippert	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.	
17. INFORMANT Mrs Margaret Sahlman		ADDRESS same	

18. 154X DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.	CAUSE OF DEATH (A) Intestinal Obstruction DUE TO (B) Ca of Rectum DUE TO (C) Arteriosclerotic Heart Disease	INTERVAL BETWEEN ONSET AND DEATH

19A. DATE OF OPERATION 4-3-53		19B. MAJOR FINDINGS OF OPERATION Complete intestinal obstruction		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)		21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	

22. I hereby certify that I attended the deceased from **4-2**, 1953, to **4-4**, 1953 that I last saw the deceased alive on **4-4**, 1953, and that death occurred at **10 P.m.**, from the causes and on the date stated above.

23A. SIGNATURE Louise Schrauffer		23B. ADDRESS Union Memorial Hosp		23C. DATE SIGNED 4-4-53	
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24A. BURIAL, CREMATION, REMOVAL (Specify) BURIAL		24B. DATE 4/8/53		24C. NAME OF CEMETERY OR CREMATORY PAKLAWN		24D. LOCATION (City, town, or county) (State) BALTIMORE MD	
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DATE RECEIVED BY LOCAL REGISTRAR APR 6-1953		REGISTRAR'S SIGNATURE Huntington Williams, M.D.		25. FUNERAL DIRECTOR Clarence F. Hoffmann		ADDRESS 1639 Broadway	
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DEPARTMENT OF HEALTH
CERTIFICATE OF DEATH

1. Name of deceased		2. Sex		3. Age		4. Date of birth	
5. Place of birth		6. Usual residence		7. Cause of death		8. Date of death	
9. Signature of physician		10. Signature of registrar		11. Signature of informant		12. Signature of witness	
13. Signature of medical examiner		14. Signature of coroner		15. Signature of jury		16. Signature of jury	
17. Signature of jury		18. Signature of jury		19. Signature of jury		20. Signature of jury	
21. Signature of jury		22. Signature of jury		23. Signature of jury		24. Signature of jury	
25. Signature of jury		26. Signature of jury		27. Signature of jury		28. Signature of jury	
29. Signature of jury		30. Signature of jury		31. Signature of jury		32. Signature of jury	
33. Signature of jury		34. Signature of jury		35. Signature of jury		36. Signature of jury	
37. Signature of jury		38. Signature of jury		39. Signature of jury		40. Signature of jury	
41. Signature of jury		42. Signature of jury		43. Signature of jury		44. Signature of jury	
45. Signature of jury		46. Signature of jury		47. Signature of jury		48. Signature of jury	
49. Signature of jury		50. Signature of jury		51. Signature of jury		52. Signature of jury	
53. Signature of jury		54. Signature of jury		55. Signature of jury		56. Signature of jury	
57. Signature of jury		58. Signature of jury		59. Signature of jury		60. Signature of jury	
61. Signature of jury		62. Signature of jury		63. Signature of jury		64. Signature of jury	
65. Signature of jury		66. Signature of jury		67. Signature of jury		68. Signature of jury	
69. Signature of jury		70. Signature of jury		71. Signature of jury		72. Signature of jury	
73. Signature of jury		74. Signature of jury		75. Signature of jury		76. Signature of jury	
77. Signature of jury		78. Signature of jury		79. Signature of jury		80. Signature of jury	
81. Signature of jury		82. Signature of jury		83. Signature of jury		84. Signature of jury	
85. Signature of jury		86. Signature of jury		87. Signature of jury		88. Signature of jury	
89. Signature of jury		90. Signature of jury		91. Signature of jury		92. Signature of jury	
93. Signature of jury		94. Signature of jury		95. Signature of jury		96. Signature of jury	
97. Signature of jury		98. Signature of jury		99. Signature of jury		100. Signature of jury	

53 3387

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH53 3387
Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

BERTHA

2. DATE
OF
DEATH

4/4/53

3. PLACE OF DEATH:

A. Baltimore City, Maryland Baltimore City4. USUAL RESIDENCE (Where deceased lived, If institution: residence before admission)
A. STATE Baltimore City B. COUNTYB. FULL NAME OF HOSPITAL OR INSTITUTION
P.O.A. University HospitalC. CITY OR TOWN (If outside corporate limits, write RURAL and give township)
25-43

C. Length of stay in Baltimore

Life

D. STREET ADDRESS (If rural, give location)

2225 West Hamburger

5. SEX

Female

6. COLOR OR RACE

W

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)

Widowed

8. DATE OF BIRTH

March 1888?

9. AGE (In years last birthday)

65?

If Under 1 Year Months: Days If Under 24 Hours Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Housewife

10B. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country)

Washington D.C.

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME

William Schlecht

14. MOTHER'S MAIDEN NAME

Elizabeth Neuman

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT

Mrs. John B. Henry

ADDRESS

1723 Sexton ST.

18. 422.1

CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH

(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) ARTERIOSCLEROTIC CARDIO-

DUE TO

Vascular Disease

ANTECEDENT CAUSES

(B)

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

DUE TO

(C)

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒21A. EXTERNAL CAUSE WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH.

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED WHILE AT ☐ WORK NOT WHILE ☒ AT WORK

21F. HOW DID INJURY OCCUR?

22. I certify that I took charge of the remains described above, held an Inspection thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐.

23A. SIGNATURE

J. J. Froben

23B. CHIEF MEDICAL EXAMINER... ASSISTANT MEDICAL EXAMINER... MEDICAL INVESTIGATOR

23C. DATE SIGNED

4/5/53

24A. BURIAL, CREMATION, REMOVAL (Specify)

Burial

24B. DATE

4/7-53

24C. NAME OF CEMETERY OR CREMATORY

Mt. Olivet Cem. Frederick Rd. Baltimore

24D. LOCATION (City, town or county) (State)

DATE RECEIVED BY LOCAL REGISTRAR

APR 5-1953

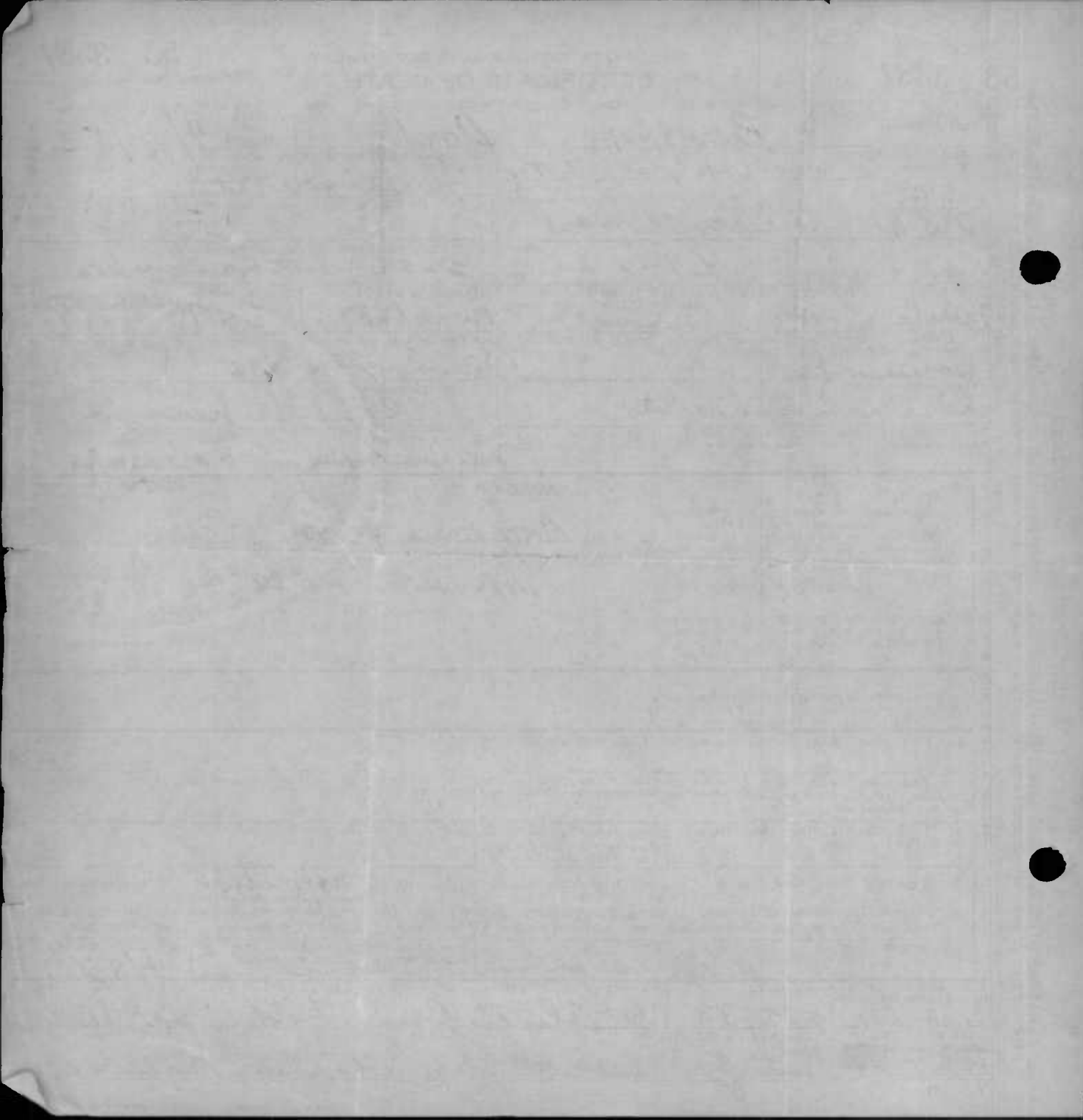
REGISTRAR'S SIGNATURE

Huntington Williams, M.D.

25. FUNERAL DIRECTOR

Edward Foulson Baltimore Md

ADDRESS



234
MAY 703BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 53 3388

53 3388
BIRTH NO.1. NAME OF DECEASED
(Type or Print)

John Kestler

2. DATE
OF
DEATH

April 5, 1953

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR INSTITUTE
Baltimore City Hospitals

4940 Eastern Avenue

c. Length of stay in Baltimore

Life

Yrs.
Mos.
Days

5. SEX

Male

6. COLOR OR RACE

White

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)
Married

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Laborer

10B. KIND OF BUSINESS OR INDUSTRY

Balto. City Hospital

13. FATHER'S NAME

George Kestler

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown)

16. SOCIAL SECURITY NO.

8. DATE OF BIRTH

1/16/ 1881

9. AGE (in years last birthday)

72

11 Under 1 Year Months Days 11 Under 24 Hours Hours Min.

11. BIRTHPLACE (State or foreign country)

Baltimore, Maryland

12. CITIZEN OF WHAT COUNTRY?

USA

14. MOTHER'S MAIDEN NAME

Unknown

17. INFORMANT

ADDRESS

B. C. H. 4940 Eastern Ave. (records)

18. 420.0 I

CAUSE OF DEATH

INTERVAL BETWEEN ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A)

Arteriosclerotic Heart Disease and Failure

DUE TO

ANTECEDENT CAUSES

(B)

Pneumonia

DUE TO

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(C)

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH

21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED

WHILE AT ☐ WORKNOT WHILE ☐ AT WORK

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 6-16 1952, to 4-5 1953, that I last saw the deceased alive on 4-5 1953, and that death occurred at 3:20P m., from the causes and on the date stated above.

23A. SIGNATURE

H. G. Menden

M. D.

23B. ADDRESS

4940 Eastern Ave., Balto. Md.

23C. DATE SIGNED

4-5-53

24A. BURIAL, CREMATION, REMOVAL (Specify)

Burial

24B. DATE

4/8/53

24C. NAME OF CEMETERY OR CREMATORY

Meadowdale Memorial Pk.

24D. LOCATION (City, town, or county) (State)

Washington Blvd. Dorsey Md.

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

Huntington Williams

25. FUNERAL DIRECTOR

John J. Cowan & Son

ADDRESS

Hollins

STATE OF NEW YORK
DEPARTMENT OF HEALTH
OFFICE OF THE COMMISSIONER
BUREAU OF VITAL RECORDS
ALBANY, N. Y.

DEATH CERTIFICATE

FILE NO. 1000

DATE OF DEATH

PLACE OF DEATH

CAUSE OF DEATH

AGE AT DEATH

SEX

RACE

EDUCATION

OCCUPATION

RELIGION

MARRIAGE

CHILDREN

GRANDCHILDREN

PROBABLE CAUSE OF DEATH

DATE OF BURIAL

PLACE OF BURIAL

NAME OF FUNERAL HOME

NAME OF MINISTER

NAME OF CLERGYMAN

623
53 3389BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 53 3389

BIRTH NO.

1. NAME OF DECEASED (Type or Print) EUNICE PAULINE BURKETT		2. DATE OF DEATH April 3, 1953	
3. PLACE OF DEATH: a. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Md. B. COUNTY 14-03	
b. FULL NAME OF HOSPITAL OR INSTITUTION Providence Hospital		c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) 13-1+0.	
c. Length of stay in Baltimore 27 years		d. STREET ADDRESS (If rural, give location) 528 Laurens St 17	
5. SEX Female	6. COLOR OR RACE col.	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Separated	8. DATE OF BIRTH April 23, 1893
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Unemployed		10B. KIND OF BUSINESS OR INDUSTRY	9. AGE (In years last birthday) 59 yrs
13. FATHER'S NAME ?		11. BIRTHPLACE (State or foreign country) Charleston S. C.	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) No		12. CITIZEN OF WHAT COUNTRY? U. S. A.	
16. SOCIAL SECURITY NO. None		14. MOTHER'S MAIDEN NAME Sally ?	
17. INFORMANT Thelma Burkett-528 Laurens St.		ADDRESS	

18. 331X DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) C. V. A.	CAUSE OF DEATH	INTERVAL BETWEEN ONSET AND DEATH
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. Hypertension	DUE TO (B)	
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.	DUE TO (C)	

19A. DATE OF OPERATION 0	19B. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>
21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)	21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY	21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from **April 1, 1953**, to **April 3, 1953**, that I last saw the deceased alive on **April 3, 1953**, and that death occurred at **2:59 P. M.**, from the causes and on the date stated above.

23A. SIGNATURE Henry B. Adams	23B. ADDRESS 2327 W North	23C. DATE SIGNED 4-1-53
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24A. BURIAL, CREMATION, REMOVAL (Specify) Burial	24B. DATE 4/7/53	24C. NAME OF CEMETERY OR CREMATORY Mt. Calvary	24D. LOCATION (City, town, or county) (State) Anne Arundel Co. Md.
DATE RECEIVED BY LOCAL REGISTRAR 4-8-53	REGISTRAR'S SIGNATURE Huntington Williams	25. FUNERAL DIRECTOR Wm J. Chatman, Jr.	ADDRESS 1701 Mt. Calvary St. Balt Md.

STANDARD FORM NO. 64

326
53 3390

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

53 3390
Registered No.

BIRTH NO.		1. NAME OF DECEASED (Type or Print)		2. DATE OF DEATH	
		James G. Rodgers		April-2-1953	
3. PLACE OF DEATH:		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)			
A. Baltimore City, Maryland Balto. City		A. STATE Maryland			
B. FULL NAME OF HOSPITAL OR INSTITUTION		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)			
8 South Amity Street		Baltimore			
Length of stay in Baltimore 42 Yrs.		O. STREET ADDRESS (If rural, give location)			
		8 South Amity Street			
5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	10. Under 1 Year Months Days
Male	Col.	Married	July-24-94	58	
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10B. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country)	
Chauffeur		In General		South Boston Virginia	
12. CITIZEN OF WHAT COUNTRY?		14. MOTHER'S MAIDEN NAME			
U.S.A.		Unknown			
13. FATHER'S NAME		16. SOCIAL SECURITY NO.			
Bengeman Rodgers		065-16-1763			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown)		17. INFORMANT ADDRESS			
Yes War # 1		Florence Rodgers 8 S. Amity St			
18. 442X and 163X DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)		CAUSE OF DEATH			INTERVAL BETWEEN ONSET AND DEATH
ANTECEDENT CAUSES		(A) Cerebral Hemorrhage			1 hour
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.		DUE TO Hypertensive cardiovascular renal disease			unknown
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		(B) Cancer of lung			unknown
19A. DATE OF OPERATION		19B. MAJOR FINDINGS OF OPERATION			20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from Mar 27, 1953, to April 2, 1953, that I last saw the deceased alive on April 2, 1953, and that death occurred at 8 m., from the causes and on the date stated above.					
23A. SIGNATURE		23B. ADDRESS		23C. DATE SIGNED	
H. A. Churchill		1038 Edmondson Ave.		4-6-53	
24A. BURIAL, CREMATION, REMOVAL (Specify)		24B. DATE		24C. NAME OF CEMETERY OR CREMATORY	
Burial		4/7/1953		Baltimore Nat.	
24D. LOCATION (City, town, or county) (State)		24E. FUNERAL DIRECTOR		24F. ADDRESS	
Baltimore Maryland		Elroy O. Wilson		1000 Brantley Ave	
DATE RECEIVED BY LOCAL REGISTRAR		REGISTRAR'S SIGNATURE		VS 150	
APR 6-1953		Huntington Williams, M.D.		68399	

MEDICAL CERTIFICATION

425
3391

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

53 3391
Registered No.

BIRTH NO.		1. NAME OF DECEASED (Type or Print)		2. DATE OF DEATH	
		William Wilkinson		Apr. 4, 1953	
3. PLACE OF DEATH:		4. USUAL RESIDENCE (Where deceased lived, in institution, residence before admission)			
A. Baltimore City, Maryland		A. STATE Md. B. COUNTY			
B. FULL NAME OF HOSPITAL OR INSTITUTION		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)			
JOHNS HOPKINS HOSPITAL		Baltimore 8-05			
C. Length of stay in Baltimore		D. STREET ADDRESS (If rural, give location)			
4 mo		1716 Normal Ave			
5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	10. Under 1 Year Months: Days
male	White	Single DIVORCED	12-1-1913	39	11. Under 24 Hours Hours: Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10B. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country)	
Supermarket		Retail Shoe Sales		Baltimore	
13. FATHER'S NAME		14. MOTHER'S MAIDEN NAME		12. CITIZEN OF WHAT COUNTRY?	
William J. Wilkinson		Ethel Robinson			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown)		16. SOCIAL SECURITY NO.		17. INFORMANT ADDRESS	
no		237-14-3576		JOHNS HOPKINS HOSPITAL	
18. 260X		CAUSE OF DEATH.			INTERVAL BETWEEN ONSET AND DEATH
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)		(A) Myocardial Infarction			24 hrs.
ANTECEDENT CAUSES		(B) Arteriosclerotic cardiovascular dis.			10+ yrs.
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.		(C) Diabetes Mellitus			20 yrs
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		Acute pharyngitis & cellulitis, left leg			40 hrs 7 days
19A. DATE OF OPERATION		19B. MAJOR FINDINGS OF OPERATION			20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH		21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from 4-3, 1953, to 4-4, 1953, that I last saw the deceased alive on 4-4, 1953, and that death occurred at 7:50 P.M., from the causes and on the date stated above.		23A. SIGNATURE		23B. ADDRESS	
		Alexander H. Wright		JOHNS HOPKINS HOSPITAL	
24A. BURIAL, CREMATION, REMOVAL (Specify)		24B. DATE		24C. NAME OF CEMETERY OR CREMATORY	
Burial		4-8-53		Rose Tree	
24D. LOCATION (City, town, or county) (State)		25. FUNERAL DIRECTOR		ADDRESS	
Baltimore Md		Huntington Williams		Baltimore Md	

MEDICAL CERTIFICATION

2906F

DEPARTMENT OF HEALTH
STATE OF NEW YORK
CERTIFICATE OF DEATH

1. Name of deceased		2. Sex		3. Age		4. Date of death	
5. Place of death		6. Cause of death		7. Manner of death		8. Signature of physician	
9. Signature of registrar		10. Signature of coroner		11. Signature of medical examiner		12. Signature of health officer	
13. Signature of funeral director		14. Signature of undertaker		15. Signature of cemetery		16. Signature of burial place	
17. Signature of interment		18. Signature of burial		19. Signature of burial		20. Signature of burial	
21. Signature of burial		22. Signature of burial		23. Signature of burial		24. Signature of burial	
25. Signature of burial		26. Signature of burial		27. Signature of burial		28. Signature of burial	
29. Signature of burial		30. Signature of burial		31. Signature of burial		32. Signature of burial	
33. Signature of burial		34. Signature of burial		35. Signature of burial		36. Signature of burial	
37. Signature of burial		38. Signature of burial		39. Signature of burial		40. Signature of burial	
41. Signature of burial		42. Signature of burial		43. Signature of burial		44. Signature of burial	
45. Signature of burial		46. Signature of burial		47. Signature of burial		48. Signature of burial	
49. Signature of burial		50. Signature of burial		51. Signature of burial		52. Signature of burial	
53. Signature of burial		54. Signature of burial		55. Signature of burial		56. Signature of burial	
57. Signature of burial		58. Signature of burial		59. Signature of burial		60. Signature of burial	
61. Signature of burial		62. Signature of burial		63. Signature of burial		64. Signature of burial	
65. Signature of burial		66. Signature of burial		67. Signature of burial		68. Signature of burial	
69. Signature of burial		70. Signature of burial		71. Signature of burial		72. Signature of burial	
73. Signature of burial		74. Signature of burial		75. Signature of burial		76. Signature of burial	
77. Signature of burial		78. Signature of burial		79. Signature of burial		80. Signature of burial	
81. Signature of burial		82. Signature of burial		83. Signature of burial		84. Signature of burial	
85. Signature of burial		86. Signature of burial		87. Signature of burial		88. Signature of burial	
89. Signature of burial		90. Signature of burial		91. Signature of burial		92. Signature of burial	
93. Signature of burial		94. Signature of burial		95. Signature of burial		96. Signature of burial	
97. Signature of burial		98. Signature of burial		99. Signature of burial		100. Signature of burial	

**BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH**

53 3392
Registered No. 53 3392

652
53 3392
BIRTH NO.

1. NAME OF DECEASED (Type or Print) <u>MARIE LAWRENCE</u>				2. DATE OF DEATH <u>APRIL 5 1953</u>	
3. PLACE OF DEATH: A. Baltimore City, Maryland <u>BALTIMORE MD</u>				4. USUAL RESIDENCE (Where deceased lived. If institution; residence before admission) A. STATE <u>MARYLAND</u> B. COUNTY <u>BALTIMORE</u>	
B. FULL NAME OF HOSPITAL OR INSTITUTION <u>Lutheran Hospital of Maryland, Inc</u>				C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <u>BALTIMORE</u>	
c. Length of stay in Baltimore <u>70</u> Yrs. Mos. Days				D. STREET ADDRESS (If rural, give location) <u>3613 5th Street</u>	
5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>		8. DATE OF BIRTH <u>October 18, 1882</u>	
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>		10B. KIND OF BUSINESS OR INDUSTRY		9. AGE (In years; last birthday) <u>70</u>	
13. FATHER'S NAME <u>GUNTHER BRAUN</u>				11. BIRTHPLACE (State or foreign country) <u>MARYLAND</u>	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or no known) (If yes, give war or dates of service) <u>No</u>				12. CITIZEN OF WHAT COUNTRY? <u>USA</u>	
16. SOCIAL SECURITY NO. <u>216-241281</u>				17. INFORMANT <u>CHAS. W. LAWRENCE</u> ADDRESS <u>3613 5th St. BALTO. MD.</u>	
18. <u>420.1</u> I DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)					

CAUSE OF DEATH

INTERVAL BETWEEN ONSET AND DEATH

(A) DUE TO

Acute Myocardial Infarction 2 days

ANTECEDENT CAUSES

(B) DUE TO

CORONARY THROMBOSIS 2 days

(C) OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

Hypertensive Arteriosclerotic C.V.D. 20 yrs

19A. DATE OF OPERATION <u>0</u>		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	

22. I hereby certify that I attended the deceased from April 3, 1953 to April 5, 1953 that I last saw the deceased alive on April 5, 1953 and that death occurred at 8:40 a.m., from the causes and on the date stated above.

23A. SIGNATURE William L. Ross MD 23B. ADDRESS Lutheran Hospital of Maryland 23C. DATE SIGNED 4/5/53

24A. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24B. DATE <u>4-8-53</u>		24C. NAME OF CEMETERY OR CREMATORY <u>Louisa Park</u>	
DATE RECEIVED BY LOCAL REGISTRAR <u>APR 8 1953</u>		REGISTRAR'S SIGNATURE <u>Huntington Williams MD</u>		25. FUNERAL DIRECTOR <u>S. Truman Schuch</u> ADDRESS <u>3512 Frederick Av.</u>	

-324
53 3393BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH53 3393
Registered No.

1. NAME OF DECEASED (Type or Print) <i>Thomas W Mitchell</i>		2. DATE OF DEATH <i>April 4, 1953</i> <i>9:00 a.m.</i>	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived, If institution: residence before admission) A. STATE <i>Ind.</i> B. COUNTY <i>Balt.</i>	
B. FULL NAME OF HOSPITAL OR INSTITUTION <i>Little Sisters of the Poor</i>		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <i>Balto. 27-06</i>	
C. Length of stay in Baltimore		D. STREET ADDRESS (If rural, give location) <i>2200 Echodale Ave</i>	
5. SEX <i>Male</i>	6. COLOR OR RACE <i>White</i>	7. SINGLE MARRIED WIDOWED DIVORCED (Specify) <i>Widower</i>	8. DATE OF BIRTH <i>May 10 - 1866</i>
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10B. KIND OF BUSINESS OR INDUSTRY <i>Engineer</i>	9. AGE (In years last birthday) <i>88</i>
13. FATHER'S NAME <i>George Mitchell</i>		11. BIRTHPLACE (State or foreign country) <i>Balto. Md.</i>	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)		12. CITIZEN OF WHAT COUNTRY?	
16. SOCIAL SECURITY NO.		14. MOTHER'S MAIDEN NAME <i>Suzanna Bolling</i>	
18. 420.1 I DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)		17. INFORMANT ADDRESS <i>Little Sisters of the Poor</i>	
ANTECEDENT CAUSES		CAUSE OF DEATH	
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.		(A) <i>Coronary Thrombosis</i>	
		(B) <i>Arterio Sclerosis</i>	
		(C)	
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		INTERVAL BETWEEN ONSET AND DEATH <i>1 month</i> <i>5 years</i>	
19A. DATE OF OPERATION		19B. MAJOR FINDINGS OF OPERATION	
20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>			
21A. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH	21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) INJURY	21E. INJURY OCCURRED WHILE AT <input type="checkbox"/> WORK NOT WHILE <input type="checkbox"/> AT WORK	21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from <i>March 1 -</i> , 1953, to <i>April 4 -</i> , 1953, that I last saw the deceased alive on <i>April 3</i> , 1953, and that death occurred at <i>9 A</i> m., from the causes and on the date stated above.			
23A. SIGNATURE <i>E Gell Hall MD</i>		23B. ADDRESS <i>1131 E North Ave</i>	
M. D.		23C. DATE SIGNED <i>April 4 53</i>	
24A. BURIAL, CREMATION, REMOVAL (Specify) <i>Burial</i>	24B. DATE <i>April 7 - 53</i>	24C. NAME OF CEMETERY OR CREMATORY <i>Mt. Olivet Cem.</i>	24D. LOCATION (City, town, or county) (State) <i>Balto. Md.</i>
DATE RECEIVED BY LOCAL REGISTRAR		25. FUNERAL DIRECTOR ADDRESS <i>Huntington Williams, John L. Miller 2334 Jefferson St</i>	

**BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH**

53 3394
Registered No.

230
3 3394
BIRTH NO.

1. NAME OF DECEASED (Type or Print) CAROLINE GREY WEST			2. DATE OF DEATH 4/4/53		
3. PLACE OF DEATH: A. Baltimore City, Maryland			4. USUAL RESIDENCE (Where deceased lived. If institution; residence before admission) A. STATE Maryland B. COUNTY 14-01		
5. FULL NAME OF HOSPITAL OR INSTITUTION Union Memorial Hospital			C. CITY OR TOWN (If outside corporate limits, give RURAL and give township) Baltimore		
6. Length of stay in Baltimore Life			D. STREET ADDRESS (If rural, give location) 1702 Bolton St, #17		
5. SEX Female	6. COLOR OR RACE White	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Widow	8. DATE OF BIRTH Dec. 2, 1871		9. AGE (In years last birthday) 81
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10B. KIND OF BUSINESS OR INDUSTRY —	11. BIRTHPLACE (State or foreign country) Maryland		12. CITIZEN OF WHAT COUNTRY? USA
13. FATHER'S NAME George Grey			14. MOTHER'S MAIDEN NAME Mary Anne Hall		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) no		16. SOCIAL SECURITY NO. —			
17. INFORMANT Widow			ADDRESS William E. Woosley, 6101 Maywood Ave, #9		

18. 420.1		CAUSE OF DEATH		INTERVAL BETWEEN ONSET AND DEATH
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)		(A) Myocardial infarction		1 day
DUE TO		(B) Coronary occlusion		3 days
DUE TO		(C) Hypertensive arteriosclerotic cardiovascular disease		
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.				

19A. DATE OF OPERATION 0		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)	21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)		
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY	21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21F. HOW DID INJURY OCCUR?		
22. I hereby certify that I attended the deceased from 4/4, 1953 to 4/4, 1953 that I last saw the deceased alive on 4/4, 1953 , and that death occurred at 7:30 p.m. , from the causes and on the date stated above.				
23A. SIGNATURE Georgia Reynolds		23B. ADDRESS Union Memorial Hospital	23C. DATE SIGNED 4/4/53	
24A. BURIAL, CREMATION, REMOVAL (Specify) BURIAL	24B. DATE April 7, 1953	24C. NAME OF CEMETERY OR CREMATORY GREEN Mount	24D. LOCATION (City, town, or county) BALTIMORE,	(State) Md.
DATE RECEIVED BY LOCAL REGISTRAR		25. FUNERAL DIRECTOR Huntington Williams, John O. Mitchell, Ans Inc 1900 Eutaw Pl.		



616
53 3395
BIRTH NO.

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 53 3395

1. NAME OF DECEASED (Type or Print) MARGARET TAYLOR HARPER			2. DATE OF DEATH April 5, 1953		
3. PLACE OF DEATH: A. Baltimore City, Maryland			4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Maryland B. COUNTY none		
B. FULL NAME OF (If not in hospital or institution, give street address or location) Hillcrest Nursing Home 212 Stoney Run Lane			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore		
C. Length of stay in Baltimore life Yrs. Mos. Days			D. STREET ADDRESS (If rural, give location) Greenway Apts.		
5. SEX female	6. COLOR OR RACE white	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) widowed	8. DATE OF BIRTH April 19, 1865	9. AGE (In years last birthday) 88	If Under 1 Year Months: Days If Under 24 Hours Hours: Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) none		10B. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) Baltimore, Md.	
13. FATHER'S NAME Thomas L. Taylor			12. CITIZEN OF WHAT COUNTRY? U. S.		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)			14. MOTHER'S MAIDEN NAME Harvey Mittan		
16. SOCIAL SECURITY NO.			17. INFORMANT William T. Harper		
			ADDRESS 707 W. University Pky		

18. 443X DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) Cerebral Hemorrhage DUE TO Arterio-sclerosis myocarditis hypertension	INTERVAL BETWEEN ONSET AND DEATH 12 hrs Gradual " "
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.	

19A. DATE OF OPERATION		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21A. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from July , 1940, to April 5 , 1953, that I last saw the deceased alive on April 4 , 1953, and that death occurred at 4 A m. , from the causes and on the date stated above.					
23A. SIGNATURE M. A. Mitchell		23B. ADDRESS 1403 Park Ave.		23C. DATE SIGNED 4 - 6 - 53	

24A. BURIAL, CREMATION, REMOVAL (Specify) Burial	24B. DATE 4 - 7 - 53	24C. NAME OF CEMETERY OR CREMATORY Greenmount	24D. LOCATION (City, town, or county) (State) Baltimore, Md.
DATE RECEIVED BY LOCAL REGISTRAR APR 6 - 1953		REGISTRAR'S SIGNATURE Sturtington Williams, M.D.	25. FUNERAL DIRECTOR John O. Mitchell & Sons, Inc.
		ADDRESS 1900 Butaw Pl.	

DEPARTMENT OF HEALTH
CERTIFICATE OF DEATH

1. Name of Deceased		2. Sex		3. Age	
4. Date of Death		5. Time of Death		6. Place of Death	
7. Cause of Death		8. Manner of Death		9. Signature of Physician	
10. Signature of Registrar		11. Signature of Coroner		12. Signature of Medical Examiner	
13. Signature of Burial Officer		14. Signature of Undertaker		15. Signature of Funeral Home	
16. Signature of Cemetery		17. Signature of Burial		18. Signature of Interment	
19. Signature of Burial		20. Signature of Interment		21. Signature of Burial	
22. Signature of Interment		23. Signature of Burial		24. Signature of Interment	
25. Signature of Burial		26. Signature of Interment		27. Signature of Burial	
28. Signature of Interment		29. Signature of Burial		30. Signature of Interment	
31. Signature of Burial		32. Signature of Interment		33. Signature of Burial	
34. Signature of Interment		35. Signature of Burial		36. Signature of Interment	
37. Signature of Burial		38. Signature of Interment		39. Signature of Burial	
40. Signature of Interment		41. Signature of Burial		42. Signature of Interment	
43. Signature of Burial		44. Signature of Interment		45. Signature of Burial	
46. Signature of Interment		47. Signature of Burial		48. Signature of Interment	
49. Signature of Burial		50. Signature of Interment		51. Signature of Burial	
52. Signature of Interment		53. Signature of Burial		54. Signature of Interment	
55. Signature of Burial		56. Signature of Interment		57. Signature of Burial	
58. Signature of Interment		59. Signature of Burial		60. Signature of Interment	
61. Signature of Burial		62. Signature of Interment		63. Signature of Burial	
64. Signature of Interment		65. Signature of Burial		66. Signature of Interment	
67. Signature of Burial		68. Signature of Interment		69. Signature of Burial	
70. Signature of Interment		71. Signature of Burial		72. Signature of Interment	
73. Signature of Burial		74. Signature of Interment		75. Signature of Burial	
76. Signature of Interment		77. Signature of Burial		78. Signature of Interment	
79. Signature of Burial		80. Signature of Interment		81. Signature of Burial	
82. Signature of Interment		83. Signature of Burial		84. Signature of Interment	
85. Signature of Burial		86. Signature of Interment		87. Signature of Burial	
88. Signature of Interment		89. Signature of Burial		90. Signature of Interment	
91. Signature of Burial		92. Signature of Interment		93. Signature of Burial	
94. Signature of Interment		95. Signature of Burial		96. Signature of Interment	
97. Signature of Burial		98. Signature of Interment		99. Signature of Burial	
100. Signature of Interment		101. Signature of Burial		102. Signature of Interment	

53 3398

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

53 3396

Registered No.

BIRTH NO.		1. NAME OF DECEASED (Type or Print)		2. DATE OF DEATH	
		LESSIE GRAYSON		3/30/1953	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution, residence before admission) A. STATE MARYLAND B. COUNTY			
B. FULL NAME OF HOSPITAL OR INSTITUTION 616 PERKINS AV.		C. CITY OR TOWN BALTIMORE			
C. Length of stay in Baltimore 4 OYRS		D. STREET ADDRESS (If rural, give location) 616 PERKINS AV.			
5. SEX F	6. COLOR OR RACE C	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) EW	8. DATE OF BIRTH 3/5/1901	9. AGE (In years last birthday) 52	10. Under 1 Year Months Days
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) SEAMSTRESS		10B. KIND OF BUSINESS OR INDUSTRY DRESSMAKING		11. BIRTHPLACE (State or foreign country) WASHINGTON, D.C.	
13. FATHER'S NAME CHARLES SANDERS		14. MOTHER'S MAIDEN NAME JANIE OLDEN		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) NO		16. SOCIAL SECURITY NO.		17. INFORMANT ADDRESS SAMUEL CUTLER (D.F.) 616 PERKINS AV.	
18. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) 420.0 I ANTecedent CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		CAUSE OF DEATH (A) Intense dentic Dent Disease ? DUE TO (B) angiotensin failure DUE TO (C)		INTERVAL BETWEEN ONSET AND DEATH	
19A. DATE OF OPERATION		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21A. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from 2/5/1952, to 3/30/53, that I last saw the deceased alive 3/29/53, 19, and that death occurred at 6PM m., from the causes and on the date stated above.					
23A. SIGNATURE William Garner		23B. ADDRESS 753 Georges		23C. DATE SIGNED 4/2/53	
24A. BURIAL, CREMATION, REMOVAL (Specify) BURIAL		24B. DATE 4/6/53		24C. NAME OF CEMETERY OR CREMATORY MT. AUBURN CEM.	
24D. LOCATION (City, town, or county) BALTO. MD		24E. FUNERAL DIRECTOR CHAS. G. COOPER-512 CARROLLTON AV.		24F. ADDRESS	

69046 Charles H. Cooper

MEDICAL CERTIFICATION

UNITED STATES DEPARTMENT OF HEALTH
CENTRAL BUREAU OF VITAL STATISTICS

1911

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CAUSE OF DEATH

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**BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH**

53 3397
Registered No. _____

BIRTH NO. _____		1. NAME OF DECEASED (Type or Print) <i>Lillian Fowler</i>		2. DATE OF DEATH <i>April 3, 1953</i>	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE <i>md</i> B. COUNTY <i>10-02</i>			
B. FULL NAME OF HOSPITAL OR INSTITUTION <i>910 Gay St</i>		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <i>Baltimore</i>			
C. Length of stay in Baltimore <i>25 yrs.</i>		D. STREET ADDRESS (If rural, give location) <i>910 N. Gay St</i>			
5. SEX <i>Female</i>	6. COLOR OR RACE <i>Col.</i>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <i>Single</i>	8. DATE OF BIRTH <i>May 10, 1923</i>	9. AGE (in years last birthday) <i>30</i>	10. Under 1 Year Months: Days 11. Under 24 Hours Hours: Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>Domestic</i>		10B. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) <i>va</i>	
12. CITIZEN OF WHAT COUNTRY?		13. FATHER'S NAME <i>Burrell Fowler</i>		14. MOTHER'S MAIDEN NAME <i>Polly?</i>	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)		16. SOCIAL SECURITY NO.		17. INFORMANT <i>Dorothy Hunt</i> ADDRESS <input checked="" type="checkbox"/>	
18. <i>490X</i> I DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		CAUSE OF DEATH (A) <i>Acute Myocarditis</i> DUE TO (B) <i>Lobar Pneumonia</i> DUE TO (C) _____		INTERVAL BETWEEN ONSET AND DEATH <i>1 day</i> <i>4 days</i>	
19A. DATE OF OPERATION <i>0</i>		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH <input type="checkbox"/>		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from <i>Feb. 1</i> , 19 <i>53</i> , to <i>Apr. 3</i> , 19 <i>53</i> , that I last saw the deceased alive on <i>Apr. 3</i> , 19 <i>53</i> , and that death occurred at <i>7:30</i> m., from the causes and on the date stated above.					
23A. SIGNATURE <i>Wm. L. Roy Denny</i>		23B. ADDRESS M. D. <i>1420 E. Chase St.</i>		23C. DATE SIGNED <i>4.4.53</i>	
24A. BURIAL, CREMATION, REMOVAL (Specify) <i>Burial</i>		24B. DATE <i>April 7/53</i>		24C. NAME OF CEMETERY OR CREMATORY <i>Mt Calvary Cnd A. A. Crmtry</i>	
24D. LOCATION (City, town, or county) (State) <i>Thurston</i>		24E. FUNERAL DIRECTOR <i>Thurston Williams, Mt. St. John's</i>		24F. ADDRESS <i>1129 N. Caroline St.</i>	

MEDICAL CERTIFICATION

72081

500

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

53 3398

Registered No. _____

53 3398

BIRTH NO. _____

1. NAME OF DECEASED
(Type or Print)

EMMA L. PAYNE

2. DATE
OF

DEATH APRIL 5, 1953

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence

A. STATE

B. COUNTY

before admission)

Maryland

B. FULL NAME OF
HOSPITAL OR
INSTITUTION (If not in hospital or institution, give street address or location)

3319 Echodale Avenue

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Baltimore

D. STREET ADDRESS (If rural, give location)

3319 Echodale Avenue

C. Length of stay in Baltimore

Yrs.
Mos.
Days

5. SEX

female

6. COLOR OR RACE

white

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

married

8. DATE OF BIRTH

Mar. 23, 1881

9. AGE (In years
last birthday)

72

If Under 1 Year
Months: DaysIf Under 24 hours
Hours: Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

at home

10B. KIND OF BUSINESS OR
INDUSTRY

11. BIRTHPLACE (State or foreign country)

Germany

12. CITIZEN OF
WHAT COUNTRY?

13. FATHER'S NAME

Ernest Domschke

14. MOTHER'S MAIDEN NAME

Wilhelmina Hartung

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)16. SOCIAL
SECURITY NO.

17. INFORMANT

ADDRESS

Mr. Frank C. Payne, 3319 Echodale

18. 421.4

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)(A) Valvular Heart disease
DUE TO

1.5 yrs

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.(B) _____
DUE TO
(C) _____II
OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour)
INJURY

21E. INJURY OCCURRED

m.

WHILE AT
WORK ☐NOT WHILE
AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Apr 27, 1953, to Apr 5, 1953 that I last saw the
deceased alive on Apr 1, 1953, and that death occurred at 4 A m., from the causes and on the date stated above.

23A. SIGNATURE

Jacob F. Fisher

M. D.

23B. ADDRESS

3422 Belair Rd.

23C. DATE SIGNED

4/6/53

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

Burial

24B. DATE

4-8-53

24C. NAME OF CEMETERY OR CREMATORY

Parkwood Cemetery

24D. LOCATION (City, town, or county) (State)

Baltimore, Maryland

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

Huntington Williams

25. FUNERAL DIRECTOR

ADDRESS

Leonard J. Ruck, 5305 Harford Road

APR 8 - 1953

Jacob Fisher
2 Belair Road
5134 -Be 7125

11 AM

**BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH**

53 3399
Registered No. _____

200
53 3399
BIRTH NO. _____

1. NAME OF DECEASED (Type or Print) James H. Sacco			2. DATE OF DEATH April 5, 1953		
3. PLACE OF DEATH: A. Baltimore City, Maryland			4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Maryland B. COUNTY _____		
B. FULL NAME OF HOSPITAL OR INSTITUTION 4704 Pilgrim Road			C. CITY OR TOWN (If outside corporate limits, write R.A.L. and give township) Baltimore		
C. Length of stay in Baltimore Yrs. _____ Mos. _____ Days _____			D. STREET ADDRESS (If rural, give location) 4704 Pilgrim Road		
5. SEX male	6. COLOR OR RACE white	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) married	8. DATE OF BIRTH July 16, 1896		9. AGE (in years last birthday) 56
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Machinist			10B. KIND OF BUSINESS OR INDUSTRY Glenn L. Martin		11. BIRTHPLACE (State or foreign country) Dunmore, Pennsylvania
13. FATHER'S NAME Frank Sacco			12. CITIZEN OF WHAT COUNTRY? AMERICAN (M)		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)			16. SOCIAL SECURITY NO. _____		
17. INFORMANT			ADDRESS		

18. 180X DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) Concussion of Right Kidney		INTERVAL BETWEEN ONSET AND DEATH 1 year
DUE TO (A) _____		
DUE TO (B) _____		
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. (C) _____		
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. _____		

19A. DATE OF OPERATION None		19B. MAJOR FINDINGS OF OPERATION None		20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH <input type="checkbox"/>		21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) None		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location) None	
21D. TIME (Month) (Day) (Year) (Hour) None		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR? None	
22. I hereby certify that I attended the deceased from Nov 15 , 19 52 to April 5 , 19 53 , that I last saw the deceased alive on 4-6 , 19 53 , and that death occurred at 1:30 P.m. , from the causes and on the date stated above.					
23A. SIGNATURE J. J. Gordy		23B. ADDRESS 5106 Harford Road		23C. DATE SIGNED 4-6-53	
24A. BURIAL, CREMATION, REMOVAL (Specify) Burial		24B. DATE 4-8-53		24C. NAME OF CEMETERY OR CREMATORY Mount Carmel Cem.	
24D. LOCATION (City, town, or county) (State) Dunmore, Pennsylvania		24E. NAME OF FUNERAL DIRECTOR Leonard J. Ruck			
24F. ADDRESS 5305 Harford Road.		24G. REGISTRAR'S SIGNATURE Huntington Williams			
24H. DATE RECEIVED BY LOCAL REGISTRAR APR 5-1953		24I. REGISTRAR'S SIGNATURE Huntington Williams			

5443T

MEDICAL CERTIFICATION

100-222

STATE OF NEW YORK
DEPARTMENT OF HEALTH
CERTIFICATE OF DEATH

1. Name of deceased		2. Sex		3. Age		4. Date of death	
5. Place of death		6. Cause of death		7. Nature of disease		8. Duration of illness	
9. Name of physician		10. Name of attending physician		11. Name of hospital		12. Name of funeral home	
13. Name of informant		14. Name of registrar		15. Name of coroner		16. Name of undertaker	
17. Name of cemetery		18. Name of place of burial		19. Name of place of interment		20. Name of place of repose	
21. Name of place of death		22. Name of place of death		23. Name of place of death		24. Name of place of death	
25. Name of place of death		26. Name of place of death		27. Name of place of death		28. Name of place of death	
29. Name of place of death		30. Name of place of death		31. Name of place of death		32. Name of place of death	
33. Name of place of death		34. Name of place of death		35. Name of place of death		36. Name of place of death	
37. Name of place of death		38. Name of place of death		39. Name of place of death		40. Name of place of death	
41. Name of place of death		42. Name of place of death		43. Name of place of death		44. Name of place of death	
45. Name of place of death		46. Name of place of death		47. Name of place of death		48. Name of place of death	
49. Name of place of death		50. Name of place of death		51. Name of place of death		52. Name of place of death	
53. Name of place of death		54. Name of place of death		55. Name of place of death		56. Name of place of death	
57. Name of place of death		58. Name of place of death		59. Name of place of death		60. Name of place of death	
61. Name of place of death		62. Name of place of death		63. Name of place of death		64. Name of place of death	
65. Name of place of death		66. Name of place of death		67. Name of place of death		68. Name of place of death	
69. Name of place of death		70. Name of place of death		71. Name of place of death		72. Name of place of death	
73. Name of place of death		74. Name of place of death		75. Name of place of death		76. Name of place of death	
77. Name of place of death		78. Name of place of death		79. Name of place of death		80. Name of place of death	
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85. Name of place of death		86. Name of place of death		87. Name of place of death		88. Name of place of death	
89. Name of place of death		90. Name of place of death		91. Name of place of death		92. Name of place of death	
93. Name of place of death		94. Name of place of death		95. Name of place of death		96. Name of place of death	
97. Name of place of death		98. Name of place of death		99. Name of place of death		100. Name of place of death	

R. Gordy
106 Harford Road

524
53 3400

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 53 3400

BIRTH NO.		1. NAME OF DECEASED (Type or Print) <u>Leonard Sunzelman</u>		2. DATE OF DEATH <u>April 4th 1953</u>	
3. PLACE OF DEATH: A. Baltimore City, Maryland <u>1816 W. Fairmount Ave</u>		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE <u>Md</u> B. COUNTY <u>Balto</u>			
B. FULL NAME OF HOSPITAL OR INSTITUTION <u>—</u>		C. CITY OR TOWN (If outside corporate limits, write R.U.L. and give township) <u>20-01</u>			
c. Length of stay in Baltimore <u>60 yrs</u>		D. STREET ADDRESS (If rural, give location) <u>1816 W. Fairmount Ave</u>			
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>Oct 14 1866</u>	9. AGE (in years last birthday) <u>86</u>	If Under 1 Year Months Days Hours Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Retired Butcher</u>		10B. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) <u>Germany</u>	
13. FATHER'S NAME <u>John Sunzelman</u>		14. MOTHER'S MAIDEN NAME <u>—</u>			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) <u>—</u>		16. SOCIAL SECURITY NO. <u>—</u>		17. INFORMANT ADDRESS <u>Mr. J. Weirich, 1300 N. Milton Ave</u>	
18. <u>606X</u> DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) <u>Recto-Vesical Fistula</u> DUE TO (A) <u>—</u> (B) <u>—</u> (C) <u>—</u> INTERVAL BETWEEN ONSET AND DEATH <u>3 mos</u>		19. DATE OF OPERATION <u>—</u> 19. MAJOR FINDINGS OF OPERATION <u>—</u>			
20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>		21. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH			
21A. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21B. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)		21C. HOW DID INJURY OCCUR?	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from <u>Apr 1</u> , 19 <u>50</u> , to <u>Apr 4</u> , 19 <u>53</u> , that I last saw the deceased alive on <u>Apr 4</u> , 19 <u>53</u> , and that death occurred at <u>12 Noon</u> from the causes and on the date stated above.					
23A. SIGNATURE <u>E. Mendel</u>		23B. ADDRESS <u>651 N. Beutalou</u>		23C. DATE SIGNED <u>April 6-53</u>	
24A. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24B. DATE <u>April 7 1953</u>		24C. NAME OF CEMETERY OR CREMATORY <u>Holy Reddemer</u>	
24D. LOCATION (City, town, or county) <u>Belair Road</u>		24E. LOCATION (City, town, or county) <u>Belair Road</u>		24F. LOCATION (City, town, or county) <u>Belair Road</u>	
DATE RECEIVED BY LOCAL REGISTRAR <u>APR 5-1953</u>		REGISTRAR'S SIGNATURE <u>Huntington Williams</u>		25. FUNERAL DIRECTOR ADDRESS <u>Geo G. Cook 1701-03 N. Patterson Park Ave</u>	

100-300000

DEPARTMENT OF HEALTH AND HUMAN SERVICES
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

100-300000

100-300000

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100-300000

**BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH**

Registered No. **53 3401**

BIRTH NO. **3401**

1. NAME OF DECEASED (Type or Print) JOSEPH KREMER			2. DATE OF DEATH APRIL 3, 1953		
3. PLACE OF DEATH: A. Baltimore City, Maryland 1201 LAKESIDE AVE			4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE MD. B. COUNTY		
B. FULL NAME OF HOSPITAL OR INSTITUTION			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) BALTIMORE		
C. Length of stay in Baltimore Yrs. Mos. Days			D. STREET ADDRESS (If rural, give location) 1201 LAKESIDE AVE.		
5. SEX MALE	6. COLOR OR RACE WHITE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) MARRIED	8. DATE OF BIRTH OCT. 12, 1873		9. AGE (in years last birthday) 79
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) RETIRED		10B. KIND OF BUSINESS OR INDUSTRY REST.-OWNER	11. BIRTHPLACE (State or foreign country) BALTIMORE, MP.		12. CITIZEN OF WHAT COUNTRY? U. S. A.
13. FATHER'S NAME CASPER KREMER			14. MOTHER'S MAIDEN NAME UNKNOWN		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) NO		16. SOCIAL SECURITY NO. NONE	17. INFORMANT ADDRESS MAGDALENA KREMER SAME.		

18. 420.1 I DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) CORONARY THROMBOSIS		INTERVAL BETWEEN ONSET AND DEATH
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. HYPERTENSIVE CARDIO-VASCULAR DISEASE		
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		

19A. DATE OF OPERATION None		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
21A. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH	21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)		
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY	21E. INJURY OCCURRED WHILE AT <input type="checkbox"/> WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21F. HOW DID INJURY OCCUR?		

22. I hereby certify that I attended the deceased from **1/14/53**, 19**53**, to **4/3/53**, 19**53**, that I last saw the deceased alive on **4/2/53**, 19**53**, and that death occurred at **445A**, from the causes and on the date stated above.

23A. SIGNATURE [Signature]	23B. ADDRESS M. D. 26017 Monmouth St	23C. DATE SIGNED 4/4/53
24A. BURIAL, CREMATION, REMOVAL (Specify) BURIAL	24B. DATE 4-7-53	24C. NAME OF CEMETERY OR CREMATORY SACRED HEART
24D. LOCATION (City, town, or county) (State) 7401 GERMAN HILL RD. MD.	25. FUNERAL DIRECTOR ADDRESS Charles S. Geiler 901 S. CONKLING ST.	

DATE RECEIVED BY LOCAL REGISTRAR
APR 8 - 1953

VS 150

MEDICAL CERTIFICATION

1. *Convolvulus sepium*
 2. *Hypericum perforatum*
 3. *Veronica officinalis*

[Faint handwritten notes at the bottom of the page]

1912

323
CCG-169179
53 3402
BIRTH NO.BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH53 3402
Registered No.

1. NAME OF DECEASED (Type or Print)		2. DATE OF DEATH	
JOHN WITTSTADT.		April 3, 1953	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Maryland B. COUNTY	
B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Baltimore City Hospitals 4940 Eastern, Ave.,		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore	
c. Length of stay in Baltimore Life		D. STREET ADDRESS (If rural, give location) 3507 Foster, Ave.,	
5. SEX Male	6. COLOR OR RACE White	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Widow	8. DATE OF BIRTH Dec. 24, 1870
9. AGE (In years last birthday) 82 yrs		If Under 1 Year Months: Days Hours: Min.	
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) RETIRED		10B. KIND OF BUSINESS OR INDUSTRY FOREMAN.	
11. BIRTHPLACE (State or foreign country) Maryland		12. CITIZEN OF WHAT COUNTRY?	
13. FATHER'S NAME Andrew Wittstadt		14. MOTHER'S MAIDEN NAME Cundigundo	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.	
17. INFORMANT Record: Baltimore City Hospitals 4940 Eastern, Ave.,		ADDRESS	
18. 420.1 and E902.0 CAUSE OF DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) Coronary Artery Occlusion with Old (A) DUE TO ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. (B) and Recent Infraction due to Arteriosclerosis (C) DUE TO CERTIFICATION APPROVED BY P. R. Fisher M. D. CHIEF OR ASST. MEDICAL EXAMINER.		INTERVAL BETWEEN ONSET AND DEATH	
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.			
19A. DATE OF OPERATION 4-2-53		19B. MAJOR FINDINGS OF OPERATION Intertrochanteric Fracture Left Hip	
20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>			
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH		21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) Home	
21C. WHERE DID INJURY OCCUR? 3507 Foster, Ave.,		21D. TIME (Month) (Day) (Year) (Hour) OF INJURY 4-1-53	
21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		21F. HOW DID INJURY OCCUR? Fell to Floor AT HOME	
22. I hereby certify that I attended the deceased from 4-1-1953 to 4-3-1953 that I last saw the deceased alive on 4-3-1953, and that death occurred at 9:35 a.m., from the causes and on the date stated above.			
23A. SIGNATURE H. C. Johnson		23B. ADDRESS 4940 Eastern, Ave. Balto. Md.	
23C. DATE SIGNED 4-3-1953			
24A. BURIAL, CREMATION, REMOVAL (Specify) BURIAL		24B. DATE 4-7-53	
24C. NAME OF CEMETERY OR CREMATORY SACRED HEART CEM.		24D. LOCATION (City, town, or county) (State) 7401 GERMAN HILL RD. MD.	
DATE RECEIVED BY LOCAL REGISTRAR		25. FUNERAL DIRECTOR Charles J. Guler	
REGISTRAR'S SIGNATURE H. C. Johnson		ADDRESS 901 S. CONKLING ST.	

VS 150

To be Approved by Medical Examiners

N-820.0

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

1915

TOWN OF BALTIMORE

DECEASED'S NAME

RESIDENCE

AGE

SEX

RACE

DATE OF DEATH

PLACE OF DEATH

Cause of Death

Signature of Physician

Signature of Registrar

Signature of Coroner

Signature of Burial Officer

Signature of Undertaker

Signature of Minister

Signature of Chaplain

Signature of Priest

Signature of Rabbi

Signature of Imam

Signature of Minister of the Gospel

Signature of Minister of the Word

Signature of Minister of the Faith

Signature of Minister of the Hope

Signature of Minister of the Love

Signature of Minister of the Mercy

Signature of Minister of the Grace

Signature of Minister of the Peace

Signature of Minister of the Joy

Signature of Minister of the Life

**BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH**

Registered No. **53 3403**

1. NAME OF DECEASED (Type or Print) Lyons, Sr. Mary Coeline		2. DATE OF DEATH April 5, 1953	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Maryland B. COUNTY Balto.	
B. FULL NAME OF (If not in hospital or institution, give street address or location) Notre Dame of Maryland, 4701 N. Charles		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore	
C. Length of stay in Baltimore 48 yrs.		D. STREET ADDRESS (If rural, give location) 4701 N. Charles	
5. SEX F	6. COLOR OR RACE W	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) S	8. DATE OF BIRTH Nov. 16, 1876
10A. USUAL OCCUPATION (Give kind of work during most of working life, even if retired) Religious		11. BIRTHPLACE (State or foreign country) Boston, Mass	
13. FATHER'S NAME William Lyons		14. MOTHER'S MAIDEN NAME Catherine Whelton	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) No		16. SOCIAL SECURITY NO. ---	
17. INFORMANT Sr. Marie Perpetua, R.N.		ADDRESS 4701 N. Charles	

18. 331X DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) Cerebral Hemorrhage		INTERVAL BETWEEN ONSET AND DEATH
(A) DUE TO Arterio Sclerosis		
(B) DUE TO Arterio Sclerosis		
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. similarity		
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		

19A. DATE OF OPERATION 0		19B. MAJOR FINDINGS OF OPERATION ---		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21A. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT <input type="checkbox"/> WORK NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from April 28, 1953 to April 5, 1953 that I last saw the deceased alive on Apr. 4, 1953 and that death occurred at 12:53 A.M. , from the causes and on the date stated above.					
23A. SIGNATURE Charles J. Feiler		23B. ADDRESS 1129 Roland St. 2nd fl.		23C. DATE SIGNED 4/5/53	
24A. BURIAL, CREMATION, REMOVAL (Specify) BURIAL		24B. DATE 4-7-53		24C. NAME OF CEMETERY OR CREMATORY SISTERS' CEM.	
24D. LOCATION (City, town, or county) (State) CHAS. ST. & HOMELAND AVE		25. FUNERAL DIRECTOR Charles J. Feiler			
DATE RECEIVED BY LOCAL REGISTRAR APR 6 - 1953		REGISTRAR'S SIGNATURE Thurmon H. Williams			

262
53 3404

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

53 3404
Registered No.

BIRTH NO.		1. NAME OF DECEASED (Type or Print) Theodore Koukouras		2. DATE OF DEATH Apr. 2-1953	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Md. B. COUNTY Baltimore			
B. FULL NAME OF HOSPITAL OR INSTITUTION JOHNS HOPKINS HOSPITAL		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore			
D. STREET ADDRESS (If rural, give location) 1141 E BALTIMORE ST		E. LENGTH OF STAY IN BALTIMORE Yrs. Mos. Days			
5. SEX male	6. COLOR OR RACE white	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) M.		8. DATE OF BIRTH 12-27-94	9. AGE (in years last birthday) 58
10A. USUAL OCCUPATION (Give kind of work done during most working life, even if retired) Welder		10B. KIND OF BUSINESS OR INDUSTRY Restaurant		11. BIRTHPLACE (State or foreign country) Greece	
12. CITIZEN OF WHAT COUNTRY?		13. FATHER'S NAME John Koukouras			
14. MOTHER'S MAIDEN NAME Unknown		15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)			
16. SOCIAL SECURITY NO.		17. INFORMANT ADDRESS JOHNS HOPKINS HOSPITAL			
18. 331X I		CAUSE OF DEATH		INTERVAL BETWEEN ONSET AND DEATH	
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthma, etc. It means the disease, injury or complication which caused death.)		Hemorrhage from Right Cerebral Artery		2 days	
ANTECEDENT CAUSES		Hypertension		years	
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.		(B) DUE TO		(C) DUE TO	
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.					
19A. DATE OF OPERATION		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from 3-31- 19 53 to 4-2- 19 53 that I last saw the deceased alive on 4-2- 19 53 and that death occurred at 11:00 P m., from the causes and on the date stated above.					
23A. SIGNATURE David Lukens		23B. ADDRESS JOHNS HOPKINS HOSPITAL		23C. DATE SIGNED	
24A. BURIAL, CREMATION, REMOVAL (Specify) Burial		24B. DATE 4/7/53		24C. NAME OF CEMETERY OR CREMATORY Lincoln Cemetery	
24D. LOCATION (City, town, or county) Baltimore, Md.		24E. LOCATION (State) Md.		24F. LOCATION (City, town, or county) Baltimore, Md.	
DATE RECEIVED BY LOCAL REGISTRAR APR 7-1953		REGISTRAR'S SIGNATURE Huntington Williams		25. FUNERAL DIRECTOR Stambas, Inc., 440 E. North Ave.	
VS 150		784 6M			

MEDICAL CERTIFICATION

CERTIFICATE OF DEATH

FILE NO. _____ DATE OF DEATH _____

DECEASED'S NAME _____

DATE OF BIRTH _____

SEX _____

PLACE OF BIRTH _____

DECEASED'S RESIDENCE _____

DATE OF DEATH _____

TIME OF DEATH _____

CAUSE OF DEATH _____

IMMEDIATE CAUSE OF DEATH _____

UNDERLYING CAUSE OF DEATH _____

DECEASED'S OCCUPATION _____

DECEASED'S MARITAL STATUS _____

DECEASED'S EDUCATION _____

DECEASED'S RELIGION _____

DECEASED'S RACE _____

DECEASED'S SEX _____

DECEASED'S AGE _____

DECEASED'S HEIGHT _____

DECEASED'S WEIGHT _____

DECEASED'S HAIR _____

DECEASED'S EYES _____

DECEASED'S SKIN _____

DECEASED'S BUILD _____

DECEASED'S COMPLEXION _____

DECEASED'S TENDRIL _____

DECEASED'S FINGER _____

DECEASED'S TOE _____

DECEASED'S NAIL _____

DECEASED'S TEETH _____

523
53 3405BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 53 3405

BIRTH NO.

1. NAME OF DECEASED (Type or Print) Florence I. Knight			2. DATE OF DEATH April 4, 1953		
3. PLACE OF DEATH: A. Baltimore City, Maryland			4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Md. B. COUNTY		
B. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION 228 Warren Ave.			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore 22-01		
C. Length of stay in Baltimore Yrs. Mos. Days			D. STREET ADDRESS (If rural, give location) 228 Warren Ave.		
5. SEX F	6. COLOR OR RACE W	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Single	8. DATE OF BIRTH 2/16/1875	9. AGE (In years last birthday) 78	10. Under 1 Year Months: Days 11. Under 24 Hours Hours: Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Int. Decorator		10B. KIND OF BUSINESS OR INDUSTRY Decorating	11. BIRTHPLACE (State or foreign country) Baltimore, Md.		12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME John J. Knight			14. MOTHER'S MAIDEN NAME Mary Waskey		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.	17. INFORMANT ADDRESS Mrs. A. J. Morgan Norfolk, Va.		

18. 7-22-0 I DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.	CAUSE OF DEATH (A) Advanced Arteriosclerosis generalized (B) Rheumatic Arthritis (C)	INTERVAL BETWEEN ONSET AND DEATH 10 yr ± 15 yr +
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		

19A. DATE OF OPERATION 0		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
21A. ACCIDENT WAS UNDER- LYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT <input type="checkbox"/> NOT WHILE <input type="checkbox"/> m. WORK AT WORK		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from 1950, 19, to April 4, 1953, that I last saw the deceased alive on 4-3-53, 19, and that death occurred at 3:30 p. m., from the causes and on the date stated above.					
23A. SIGNATURE J. J. Knight		23B. ADDRESS M. D. 642 N. W. Dr. Dr. Dr.		23C. DATE SIGNED 4-6-53	
24A. BURIAL, CREMA- TION, REMOVAL (Specify) Burial		24B. DATE 4/7/53		24C. NAME OF CEMETERY OR CREMATORY Loudon Park	
DATE RECEIVED BY LOCAL REGISTRAR 1953		REGISTRAR'S SIGNATURE		25. FUNERAL DIRECTOR ADDRESS JOHN F. DENNY, INC. 715 Light St.	

MEDICAL CERTIFICATION

CERTIFICATE OF DEATH

D. R. V. Rangle

642 Wash Blvd

Se 4600

3808 St Paul St

Be 8409

3-320
53 3406

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

53 3406
Registered No.

BIRTH NO.

1. NAME OF DECEASED (Type or Print) Joseph Henry Poats			2. DATE OF DEATH April 5, 1953		
3. PLACE OF DEATH: A. Baltimore City, Maryland			4. USUAL RESIDENCE (Where deceased lived, if institution; residence before admission) A. STATE Maryland B. COUNTY		
B. FULL NAME OF HOSPITAL OR INSTITUTION 602 Winans Way			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore		
C. Length of stay in Baltimore 50 Yrs			D. STREET ADDRESS (If rural, give location) 602 Winans Way		
5. SEX Male	6. COLOR OR RACE White	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH April 2, 1876	9. AGE (in years, last birthday) 77	10. Under 1 Year Months: Days 11. Under 24 Hours Hours: Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Insurance Salesman			10B. KIND OF BUSINESS OR INDUSTRY Mass. Mutual		
13. FATHER'S NAME Poats			12. CITIZEN OF WHAT COUNTRY? Virginia		
14. MOTHER'S MAIDEN NAME Unknown			17. INFORMANT ADDRESS Mrs Ola Poats, 602 Winans Way		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)			16. SOCIAL SECURITY NO.		

18. 4/22.1 DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) Cerebral Thrombosis ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. marked arteriosclerotic cardio-vascular disease. 1 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.	CAUSE OF DEATH (A) Cerebral Thrombosis DUE TO (B) marked arteriosclerotic cardio-vascular disease. 1 DUE TO (C)	INTERVAL BETWEEN ONSET AND DEATH 2 wks
--	--	--

19A. DATE OF OPERATION 6		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)	21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)			
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY	21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21F. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from 24 Aug 1949 , to 5 April, 1953 , that I last saw the deceased alive on 4 April, 1953 , and that death occurred at 1:05 P.m. , from the causes and on the date stated above.					
23A. SIGNATURE Emile H. Hennig Jr		23B. ADDRESS M. O. 601 Winans Way		23C. DATE SIGNED 6 April 53	
24A. BURIAL, CREMATION, REMOVAL (Specify) Burial	24B. DATE Apr. 8, 1953	24C. NAME OF CEMETERY OR CREMATORY Lorraine Park Mausoleum Woodlawn Md.		24D. LOCATION (City, town, or county) (State)	
DATE RECEIVED BY APR 7 - 1953		REGISTRAR'S SIGNATURE Harry A. Ritzke		25. FUNERAL DIRECTOR ADDRESS 4101 Edmondson Ave.	

② M-600
53 3407

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

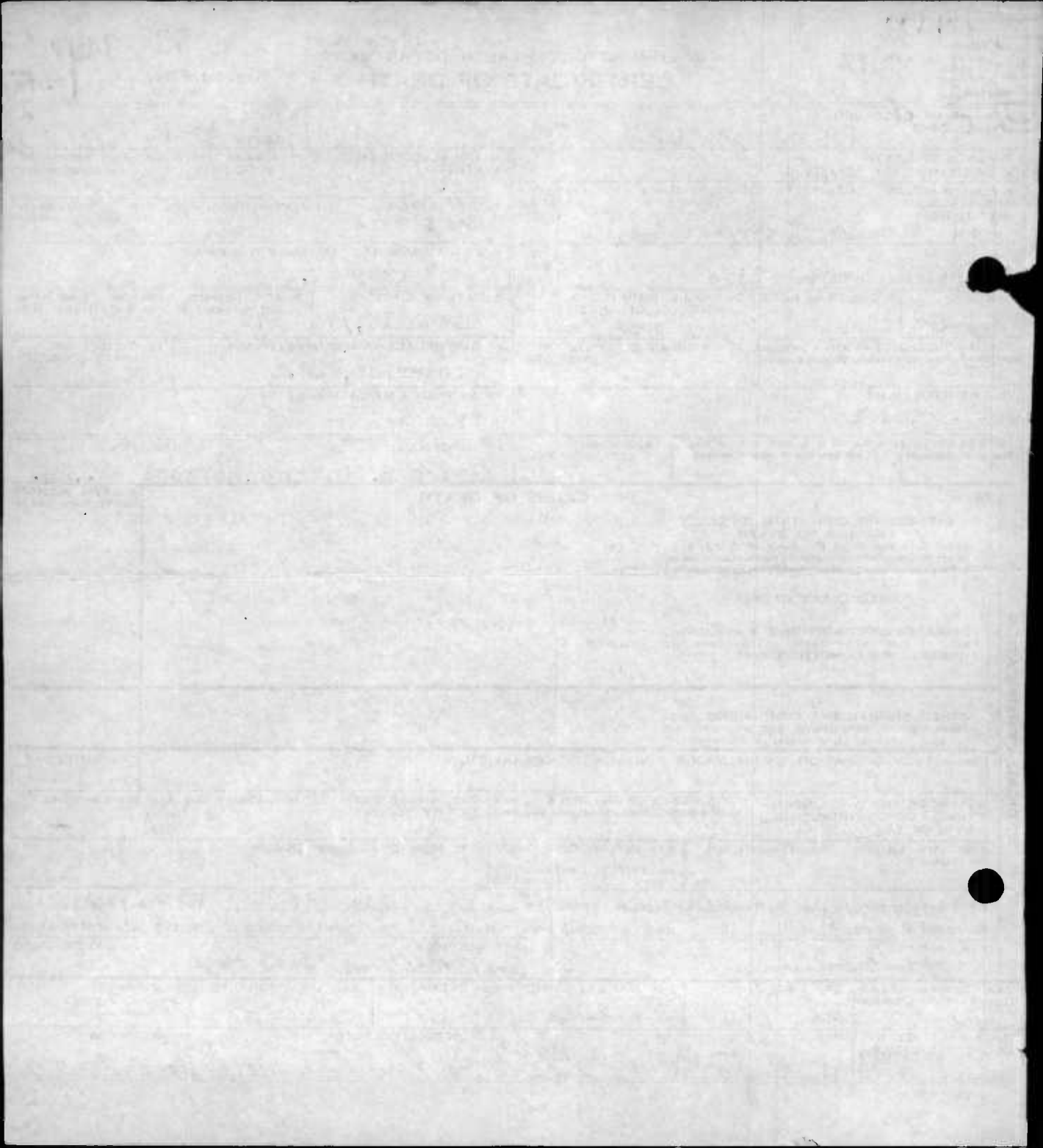
53 3407

Registered No.

BIRTH NO.

1. NAME OF DECEASED (Type or Print) ROSE MOORE			2. DATE OF DEATH APRIL 5, 1953		
3. PLACE OF DEATH: A. Baltimore City, Maryland			4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Md. B. COUNTY		
B. FULL NAME OF HOSPITAL OR INSTITUTION SOUTH BALTIMORE GENERAL HOSPITAL			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore 23-03		
D. STREET ADDRESS (If rural, give location) 41 Barney St.			E. LENGTH OF STAY IN BALTIMORE Life		
5. SEX FEMALE	6. COLOR OR RACE WHITE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) WIDOWED	8. DATE OF BIRTH March 18, 1974		9. AGE (In years last birthday) 79
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) None		10B. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) Frederick, Md.	
13. FATHER'S NAME Burrier			14. MOTHER'S MAIDEN NAME Unknown		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)		16. SOCIAL SECURITY NO.		17. INFORMANT ADDRESS Charles H. Burrier, Harwood Pk., Md.	
18. 420.0 DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) CAUSE OF DEATH CORONARY OCCLUSION WITH MYOCARDIAL INFARCTION (A) DUE TO ANTECEDENT CAUSES HYPERTENSIVE ARTERIO SCLEROTIC HEART DISEASE (B) DUE TO (C)			INTERVAL BETWEEN ONSET AND DEATH		
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.					
19A. DATE OF OPERATION None		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED m. WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from APRIL 5, 1953 to APRIL 5, 1953 , that I last saw the deceased alive on APRIL 5, 1953 , and that death occurred at 2:45 p. m. , from the causes and on the date stated above.					
23A. SIGNATURE W. M. Conway		23B. ADDRESS Smith Baltimore Genl Hosp		23C. DATE SIGNED	
24A. BURIAL, CREMATION, REMOVAL (Specify) Burial		24B. DATE Apr. 8/53.		24C. NAME OF CEMETERY OR CREMATORY Landon	
24D. LOCATION (City, town, or county) Balto. Ind.		24E. FUNERAL DIRECTOR Huntington Williams, Mr.		24F. ADDRESS 4101 Edmondson Ave.	

MEDICAL CERTIFICATION



652
53 3408BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

53 3408

Registered No.

BIRTH NO.

1. NAME OF DECEASED (Type or Print) ETHEL BURKHARD ARMSTRONG		2. DATE OF DEATH ARR. 4, 1953	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived if institution: residence before admission) A. STATE MARYLAND B. COUNTY BALTIMORE CITY	
B. FULL NAME OF HOSPITAL OR INSTITUTION UNION MEMORIAL HOSPITAL		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) BALTIMORE	
C. Length of stay in Baltimore <i>Life</i>		D. STREET ADDRESS (If rural, give location) 1474 ROLLING ROAD	
5. SEX F	6. COLOR OR RACE W	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH DEC 11, 1900
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) HOUSEWIFE		10B. KIND OF BUSINESS OR INDUSTRY <i>Own Home</i>	9. AGE (In years last birthday) 52
13. FATHER'S NAME OTTO BURKHARD		11. BIRTHPLACE (State or foreign country) PENNSYLVANIA	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) NO		12. CITIZEN OF WHAT COUNTRY? USA	
16. SOCIAL SECURITY NO.		14. MOTHER'S MAIDEN NAME FLORA SCHALL	
17. INFORMANT HARRY D. ARMSTRONG, JR.		ADDRESS SAME	

18. 204.1	CAUSE OF DEATH	INTERVAL BETWEEN ONSET AND DEATH
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)	(A) Generalized Petechial Hemorrhages	12 hrs.
ANTECEDENT CAUSES	(B) Myelogenous Leukemia	16 mos.
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.	(C)	
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		

19A. DATE OF OPERATION	19B. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)	21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY	21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from **Apr. 3, 1953** to **Apr. 4, 1953** that I last saw the deceased alive on **Apr. 4, 1953**, and that death occurred at **8:05 a.m.**, from the causes and on the date stated above.

23A. SIGNATURE E. Erle Trunnell Jr.	23B. ADDRESS UNION MEMORIAL HOSP.	23C. DATE SIGNED Apr. 4, 53
---	---	---------------------------------------

24A. BURIAL, CREMATION, REMOVAL (Specify) Burial	24B. DATE Apr. 7/53	24C. NAME OF CEMETERY OR CREMATORY Landon Pl.	24D. LOCATION (City, town, or county) (State) Baltimore, Md.
DATE RECEIVED BY LOCAL REGISTRAR APR 7 - 1953	REGISTRAR'S SIGNATURE <i>Huntington Williams</i>	25. FUNERAL DIRECTOR <i>Harry F. Hutzler</i>	ADDRESS 401 Edmonds Ave.

STATEMENT OF DEBIT DEBIT
CERTIFICATE OF DEBIT

ALL DEBITED DEBITED

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365
53 3409BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH53 3409
Registered No.

BIRTH NO.		1. NAME OF DECEASED (Type or Print) Elizabeth B. Sothoron		2. DATE OF DEATH April 4, 1953	
3. PLACE OF DEATH: A. Baltimore City, Maryland Baltimore, Md.		4. USUAL RESIDENCE (Where deceased lived, if institution: residence before admission) A. STATE Maryland B. COUNTY Baltimore		5. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore 14-01	
B. FULL NAME OF HOSPITAL OR INSTITUTION 1514 Park Avenue		D. STREET ADDRESS (If rural, give location) 1514 Park Avenue		6. LENGTH OF STAY IN BALTIMORE 30 Yrs. Mos. Days	
5. SEX Female	6. COLOR OR RACE White	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Widowed	8. DATE OF BIRTH Oct. 9, ----	9. AGE (In years last birthday) 79	10. Under 1 Year Months: Days 11. Under 24 Hours Hours: Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) None		10B. KIND OF BUSINESS OR INDUSTRY -----		11. BIRTHPLACE (State or foreign country) Prince George Co., Md.	
12. CITIZEN OF WHAT COUNTRY?		13. FATHER'S NAME Dr. John Dare		14. MOTHER'S MAIDEN NAME Priscilla M. Berry	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.		17. INFORMANT ADDRESS John H. Sothoron La Grange Lane	
18. 172x I DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) CAUSE OF DEATH (A) Carcinoma Body Uterus 3-4 yrs DUE TO (B) ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. DUE TO (C) OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		INTERVAL BETWEEN ONSET AND DEATH 3-4 yrs			
19A. DATE OF OPERATION 0		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21A. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) INJURY		21E. INJURY OCCURRED WHILE AT <input type="checkbox"/> WORK NOT WHILE <input type="checkbox"/> AT WORK		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from July 1952, to April 4, 1953, that I last saw the deceased alive on 4/4/53, 1953, and that death occurred at 5:45 p.m., from the causes and on the date stated above.					
23A. SIGNATURE M. H. Ready		23B. ADDRESS 1403 Park Ave		23C. DATE SIGNED 4-6-53	
24A. BURIAL, CREMATION, REMOVAL (Specify) Burial		24B. DATE 4/7/53		24C. NAME OF CEMETERY OR CREMATORY Rock Creek	
24D. LOCATION (City, town, or county) Washington, D. C.		24E. DATE RECEIVED BY LOCAL REGISTRAR APR 7 - 1953		24F. REGISTRAR'S SIGNATURE Huntington Williams, M.D.	
24G. FUNERAL DIRECTOR K. W. Meeks & Son 805 N. Calvert St		24H. ADDRESS			

CERTIFICATE OF DEATH

1. Name of Deceased		2. Sex		3. Age	
4. Date of Death		5. Time of Death		6. Place of Death	
7. Cause of Death		8. Manner of Death		9. Signature of Physician	
10. Signature of Registrar		11. Signature of Coroner		12. Signature of Medical Examiner	
13. Signature of Burial Officer		14. Signature of Undertaker		15. Signature of Cemetery	
16. Signature of Funeral Home		17. Signature of Family		18. Signature of Friends	
19. Signature of Neighbors		20. Signature of Community		21. Signature of Church	
22. Signature of School		23. Signature of Employer		24. Signature of Other	
25. Signature of Other		26. Signature of Other		27. Signature of Other	
28. Signature of Other		29. Signature of Other		30. Signature of Other	
31. Signature of Other		32. Signature of Other		33. Signature of Other	
34. Signature of Other		35. Signature of Other		36. Signature of Other	
37. Signature of Other		38. Signature of Other		39. Signature of Other	
40. Signature of Other		41. Signature of Other		42. Signature of Other	
43. Signature of Other		44. Signature of Other		45. Signature of Other	
46. Signature of Other		47. Signature of Other		48. Signature of Other	
49. Signature of Other		50. Signature of Other		51. Signature of Other	
52. Signature of Other		53. Signature of Other		54. Signature of Other	
55. Signature of Other		56. Signature of Other		57. Signature of Other	
58. Signature of Other		59. Signature of Other		60. Signature of Other	
61. Signature of Other		62. Signature of Other		63. Signature of Other	
64. Signature of Other		65. Signature of Other		66. Signature of Other	
67. Signature of Other		68. Signature of Other		69. Signature of Other	
70. Signature of Other		71. Signature of Other		72. Signature of Other	
73. Signature of Other		74. Signature of Other		75. Signature of Other	
76. Signature of Other		77. Signature of Other		78. Signature of Other	
79. Signature of Other		80. Signature of Other		81. Signature of Other	
82. Signature of Other		83. Signature of Other		84. Signature of Other	
85. Signature of Other		86. Signature of Other		87. Signature of Other	
88. Signature of Other		89. Signature of Other		90. Signature of Other	
91. Signature of Other		92. Signature of Other		93. Signature of Other	
94. Signature of Other		95. Signature of Other		96. Signature of Other	
97. Signature of Other		98. Signature of Other		99. Signature of Other	
100. Signature of Other		101. Signature of Other		102. Signature of Other	

-300
AB-169200BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No.

53 3410

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Hannon Dodd "Hannon O. Dodd"

2. DATE
OF
DEATH

April 3, 1953

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF
HOSPITAL OR
INSTITUTION (If not in hospital or institution, give street address or location)Baltimore City Hospitals
4940 Eastern Ave.

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE

Maryland

B. COUNTY

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Baltimore

D. STREET ADDRESS (If rural, give location)

15 S. Pulaski St. zone 23

5. SEX

M

6. COLOR OR RACE

W

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

Married

8. DATE OF BIRTH

Dec. 21-1889

9. AGE (In years
last birthday)

63

If Under 1 Year
Months: DaysIf Under 24 Hours
Hours: Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

Lithographer

10B. KIND OF BUSINESS OR
INDUSTRY

American Can Co.

11. BIRTHPLACE (State or foreign country)

Virginia

12. CITIZEN OF
WHAT COUNTRY?

USA

13. FATHER'S NAME

Joseph Dodd

(Dec. 1953)

14. MOTHER'S MAIDEN NAME

Molly Coffey (Dec. 1953)

15. WAS DECEASED EVER IN U.S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)

No.

16. SOCIAL
SECURITY NO.

219-32-1286

17. INFORMANT

ADDRESS

Records: Baltimore City Hospitals

18.

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e.g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A) Carcinoma Of Esophagus

DUE TO

ANTECEDENT CAUSES

(B)

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

DUE TO

(C)

II
OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH21B. PLACE OF INJURY (e.g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR? (If in Baltimore City, give exact location)21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

WHILE AT ☐ NOT WHILE ☐
WORK AT WORK

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 4-2-1953 to 4-3-1953, 1953 that I last saw the
deceased alive on 4-3-1953, and that death occurred at 5:30A m., from the causes and on the date stated above.

23A. SIGNATURE

H. J. Wipbert

M. D.

23B. ADDRESS

4940 Eastern Ave., Baltimore, Md. 4-3-1953

23C. DATE SIGNED

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

Burial

24B. DATE

Apr. 7: 1953

24C. NAME OF CEMETERY OR CREMATORY

Mt. Olivet Cemetery

24D. LOCATION (City, town, or county)

Baltimore Maryland

(State)

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

F.B. Wipbert & Son 1300 Eutaw Pl. 17

VS 150

5713D

MEDICAL CERTIFICATION

STATEMENT OF DEATH
CERTIFICATE OF DEATH

NAME OF DECEASED: [illegible]

DATE OF DEATH: [illegible]

PLACE OF DEATH: [illegible]

CAUSE OF DEATH: [illegible]

DATE OF BIRTH: [illegible]

PLACE OF BIRTH: [illegible]

DATE OF DEATH: [illegible]

PLACE OF DEATH: [illegible]

CAUSE OF DEATH: [illegible]

DATE OF BIRTH: [illegible]

PLACE OF BIRTH: [illegible]

DATE OF DEATH: [illegible]

PLACE OF DEATH: [illegible]

CAUSE OF DEATH: [illegible]

DATE OF BIRTH: [illegible]

PLACE OF BIRTH: [illegible]

DATE OF DEATH: [illegible]

PLACE OF DEATH: [illegible]

CAUSE OF DEATH: [illegible]

DATE OF BIRTH: [illegible]

PLACE OF BIRTH: [illegible]

DATE OF DEATH: [illegible]

PLACE OF DEATH: [illegible]

520

53 3411

D. O. A. No Number.

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No.

53 3411

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Mary Ann Jones

2. DATE
OF
DEATH

4-5-53

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF
HOSPITAL OR
INSTITUTION(If not in hospital or institution, give street address or location)
Baltimore City Hospitals
4940 Eastern Ave.4. USUAL RESIDENCE (Where deceased lived. If institution: residence
A. STATE B. COUNTY before admission)

Md.

C. CITY OR TOWN

(If outside corporate limits, write RURAL and give township)

Baltimore

D. STREET ADDRESS (If rural, give location)

7824 Sheppard Ave. -14

Length of stay in Baltimore

Yrs.
Mos.
Days

5. SEX

Female

6. COLOR OR RACE

White

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

SEPARATED

8. DATE OF BIRTH

FEB 2, 1886

9. AGE (In years
last birthday)

67

If Under 1 Year
Months: Days: Hours: Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

HOUSEWIFE

10B. KIND OF BUSINESS OR
INDUSTRY

11. BIRTHPLACE (State or foreign country)

LITHUANIA

12. CITIZEN OF
WHAT COUNTRY?

USA

13. FATHER'S NAME

JOHN MILUSKI

14. MOTHER'S MAIDEN NAME

UNKNOWN

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)16. SOCIAL
SECURITY NO.

17. INFORMANT

ADDRESS

B. C. H. Records, 4940 Eastern Ave.

18. 331X

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A) Cerebral Hemorrhage

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B)

DUE TO

(C)

II
OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

WHILE AT ☐ NOT WHILE ☐
WORK AT WORK

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from April 5, 1953, to April 5, 1953, that I last saw the
deceased alive on April 5, 1953, and that death occurred at 4:10 PM, from the causes and on the date stated above.

23A. SIGNATURE

23B. ADDRESS

M. O.

4940 Eastern Ave.

23C. DATE SIGNED

4-5-53

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county)

(State)

BORIAL

4/7/53

MTCARMEL

BALTO

MD

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

APR 7 - 1953

Huntington Williams

Medred J. Bright

NOT A MEDICAL EXAMINER'S CASE

Bohner M.D.

CHIEF OR ASST. MEDICAL EXAMINER

255
53 3412BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH53 3412
Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

FRANK RICHMOND

2. DATE
OF
DEATH

April 6, 1953

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF (If not in hospital or institution, give street address or
HOSPITAL OR U.S. Public Health Service location)
INSTITUTION Hospital

Wyman pk. drive & 31st street

C. Length of stay in Baltimore

60

Yrs.
Mos.
Days4. USUAL RESIDENCE (Where deceased lived, If institution: residence
before admission)

A. STATE

Maryland

B. COUNTY

C. CITY OR TOWN

Baltimore

D. STREET ADDRESS (If rural, give location)

1838 Harford Avenue

5. SEX

M

6. COLOR OR RACE

W

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

Married

8. DATE OF BIRTH

2/16/86

9. AGE (In years
last birthday)

67

If Under 1 Year
Months: DaysIf Under 24 Hours
Hours: Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

Grocer

10B. KIND OF BUSINESS OR
INDUSTRY

Self employed

11. BIRTHPLACE (State or foreign country)

Russia

12. CITIZEN OF
WHAT COUNTRY?

13. FATHER'S NAME

Joseph Richmond

14. MOTHER'S MAIDEN NAME

Jeanette ?

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give year or dates of service)

Yes

WW I- USN

16. SOCIAL
SECURITY NO.

?

17. INFORMANT

ADDRESS

Records- US PHS Hospital, Balto, Md.

18. 199.9

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e.g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)(A) Diffuse carcinomatosis- primary not
determined on gross examination

DUE TO

8 wks.
(history)

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B) Cirrhosis of liver

DUE TO

Unknown

(C)

II
OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☒ NO ☐21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH21B. PLACE OF INJURY (e.g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

WHILE AT
WORK ☐NOT WHILE
AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Apr. 1, 1953, to Apr. 6, 1953, that I last saw the
deceased alive on Apr. 6, 1953, and that death occurred at 5:55A m., from the causes and on the date stated above.

23A. SIGNATURE

23B. ADDRESS

23C. DATE SIGNED

D.W. Patrick, Medical Officer in Charge

US PHS Hospital, Balto, Md.

4/6/53

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county) (State)

Burial

4-8-53

Dona Israel

Balto

Md

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

APR 7 - 1953

Huntington Williams, M.D. Jack Lewis Inc 2100 Gutter Pl

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

NAME OF DECEASED JAMES H. HIGGINS		AGE 45		SEX Male		RACE White	
DATE OF DEATH April 15, 1915		PLACE OF DEATH Home		CITY Baltimore		COUNTY Baltimore	
OCCUPATION Carpenter		EDUCATION High School		MARRIAGE Married		RELIGION Roman Catholic	
CAUSE OF DEATH Heart Disease		MANNER OF DEATH Natural		CERTIFICATE No. 1234		REGISTERED April 16, 1915	
SIGNATURE OF PHYSICIAN J. H. Smith		SIGNATURE OF DECEASED James H. Higgins		SIGNATURE OF WITNESSES John Doe, Jane Doe		SIGNATURE OF REGISTRAR John Doe	
DATE OF SIGNATURE April 15, 1915		DATE OF SIGNATURE April 15, 1915		DATE OF SIGNATURE April 15, 1915		DATE OF SIGNATURE April 15, 1915	

3-656
53 3413BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH53 3413
Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Mrs Brenner, Lena

2. DATE
OF
DEATH

4-6-53

3. PLACE OF DEATH:

a. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence
before admission)

A. STATE

B. COUNTY

b. FULL NAME OF (If not in hospital or institution, give street address or
HOSPITAL OR location)
INSTITUTION

70 LEVINDALE

MARYLAND

c. CITY OR TOWN (If outside corporate limits, write RURAL and give
township)

BALTO.

27-17

c. Length of stay in Baltimore

62

Yrs.
Mos.
Days

d. STREET ADDRESS (If rural, give location)

GREENSPRING + BELVEDERE AVE

5. SEX

6. COLOR OR RACE

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

FEMALE WHITE

Widow

10a. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

NONE

10b. KIND OF BUSINESS OR
INDUSTRY

8. DATE OF BIRTH

9. AGE (In years
last birthday)If Under 1 Year
Months: Days
If Under 24 Hours
Hours: Min.

87

11. BIRTHPLACE (State or foreign country)

RUSSIA

12. CITIZEN OF
WHAT COUNTRY?

U.S.A.

13. FATHER'S NAME

YELVA MENDEL

14. MOTHER'S MAIDEN NAME

MARY

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)16. SOCIAL
SECURITY NO.

17. INFORMANT

ADDRESS

DAVID M. BRENNER-3407 Woodbrook

18. 491x and 260x CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY
LEADING TO DEATH(This does not mean the mode of dying, e.g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A)

Bronchopneumonia

DUE TO

INTERVAL BETWEEN
ONSET AND DEATH

4 days

ANTECEDENT CAUSES

(B)

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

DUE TO

(C)

II

OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONOITION CAUSING IT.Hypertensive Cardiorescul. disease } years
Diabetes mellitus, Genex. Arteriosclerosis

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐21a. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH21b. PLACE OF INJURY (e.g., in or
about home, farm, factory, street, office bldg., etc.)21c. WHERE DID (If in Baltimore City, give exact location)
INJURY OCCUR?21d. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21e. INJURY OCCURRED

21f. HOW DID INJURY OCCUR?

WHILE AT ☐ NOT WHILE ☐
WORK AT WORK22. I hereby certify that I attended the deceased from 4-26, 1950, to 4-6, 1953, that I last saw the
deceased alive on 4-6, 1953, and that death occurred at 12:05 p.m., from the causes and on the date stated above.

23a. SIGNATURE

23b. ADDRESS

23c. DATE SIGNED

Jerome J. Blumbers

M. D.

Levin Dale Home

4-6-53

24a. BURIAL, CREMA-
TION, REMOVAL (Specify)

24b. DATE

24c. NAME OF CEMETERY OR CREMATORY

24d. LOCATION (City, town, or county) (State)

Burial

4/8/1953

Herring Run

Balto.

Md.

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

APR 7-1953

Huntington Williams, My Jack Lewis Inc. - 2100 Eutaw PL

WATLEY
COMPTON
BORN
1870

53 3414

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH53 3414
Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Rebecca Landsman

2. DATE
OF
DEATH

4/6/53

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF
HOSPITAL OR
INSTITUTION

Sinai Hospital

4. USUAL RESIDENCE (Where deceased lived. If institution: residence
before admission)

A. STATE

B. COUNTY

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

D. STREET ADDRESS (If rural, give location)

1803 No Monroe St

5. SEX

Female

6. COLOR OR RACE

White

7. SINGLE. MARRIED.

WIDOWED. DIVORCED (Specify)

Widowed

8. DATE OF BIRTH

Poland

9. AGE (In years
last birthday)

37

10. Under 1 Year
Months: Days11. Under 24 Hours
Hours: Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

Housewife

10B. KIND OF BUSINESS OR
INDUSTRY

11. BIRTHPLACE (State or foreign country)

Poland

12. CITIZEN OF
WHAT COUNTRY?

U.S. 9.

13. FATHER'S NAME

Samuel

14. MOTHER'S MAIDEN NAME

Sarah

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)

No

16. SOCIAL
SECURITY NO.

17. INFORMANT

Sol Miller - 798 W. Franklin

ADDRESS

18. 420.0 I

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A) Cardiovascular Incident

DUE TO

6 days

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B) Atherosclerotic Heart Disease

DUE TO

30 years

(C)

II

OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

m.

WHILE AT
WORK ☐NOT WHILE
AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 4/3, 1953, to 4/6, 1953, that I last saw the
deceased alive on 4/5/53, 1953, and that death occurred at 4:00 P.M., from the causes and on the date stated above.

23A. SIGNATURE

Julius S. Greer

M. D.

23B. ADDRESS

Sinai Hospital

23C. DATE SIGNED

4/6/53

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

Burial

24B. DATE

4-8-53

24C. NAME OF CEMETERY OR CREMATORY

United Hebrew

24D. LOCATION (City, town, or county)

Baltimore

(State)

Md

DATE RECEIVED BY
LOCAL REGISTRAR

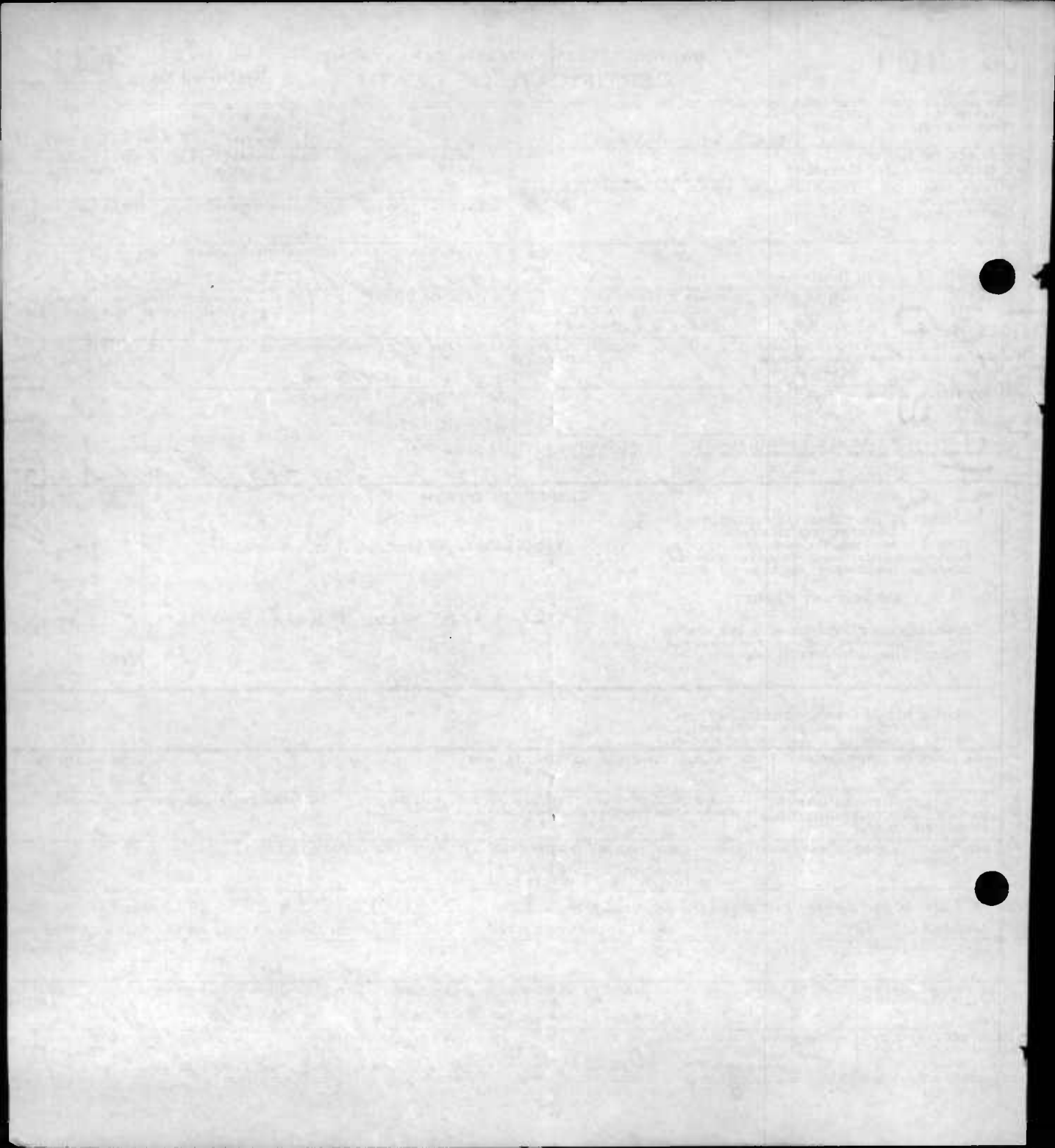
REGISTRAR'S SIGNATURE

Huntington Williams, Myack Lewis Jr 2100 Canton Pl

25. FUNERAL DIRECTOR

ADDRESS

APR 7 - 1953
VS 150



BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

53 3415
Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

William Earl Kitchen

2. DATE OF DEATH APR 6 - 1953

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF HOSPITAL OR INSTITUTION

(If not in hospital or institution, give street address or location)
JOHNS HOPKINS HOSPITAL

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE VA. B. COUNTY Y-43

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)
Wakefield

D. STREET ADDRESS (If rural, give location)

Length of stay in Baltimore

5. SEX

male

6. COLOR OR RACE

white

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)

S.

8. DATE OF BIRTH

2-22-53

9. AGE (In years last birthday)

If Under 1 Year Months: Days Hours: Min.

1 14

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

10B. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country)

Franklin, Va.

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME

Willis Kitchen

14. MOTHER'S MAIDEN NAME

Shirley

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)

(If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT JOHNS HOPKINS HOSPITAL ADDRESS

18. 754.4 I

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH

(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

CAUSE OF DEATH

Congenital heart disease and
pericarditis

(A) DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B) DUE TO

(C)

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

INTERVAL BETWEEN ONSET AND DEATH

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH

21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

WHILE AT ☐ NOT WHILE ☐
WORK AT WORK

22. I hereby certify that I attended the deceased from 4-1-1953 to 4-6-1953, that I last saw the deceased alive on 4-6-1953, and that death occurred at 130 A.M., from the causes and on the date stated above.

23A. SIGNATURE

Huntington

M. D.

23B. ADDRESS JOHNS HOPKINS HOSPITAL

23C. DATE SIGNED

24A. BURIAL, CREMATION, REMOVAL (Specify)

Removal

24B. DATE

4-7-53

24C. NAME OF CEMETERY OR CREMATORY

Tucker Swamp

24D. LOCATION (City, town, or county)

Zuni, Virginia

(State)

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

Huntington Williams

25. FUNERAL DIRECTOR

ADDRESS

Wm. Cook Inc. 1217 St. Paul St.

CERTIFICATE OF DEATH

PREPARED BY THE DEPARTMENT OF HEALTH

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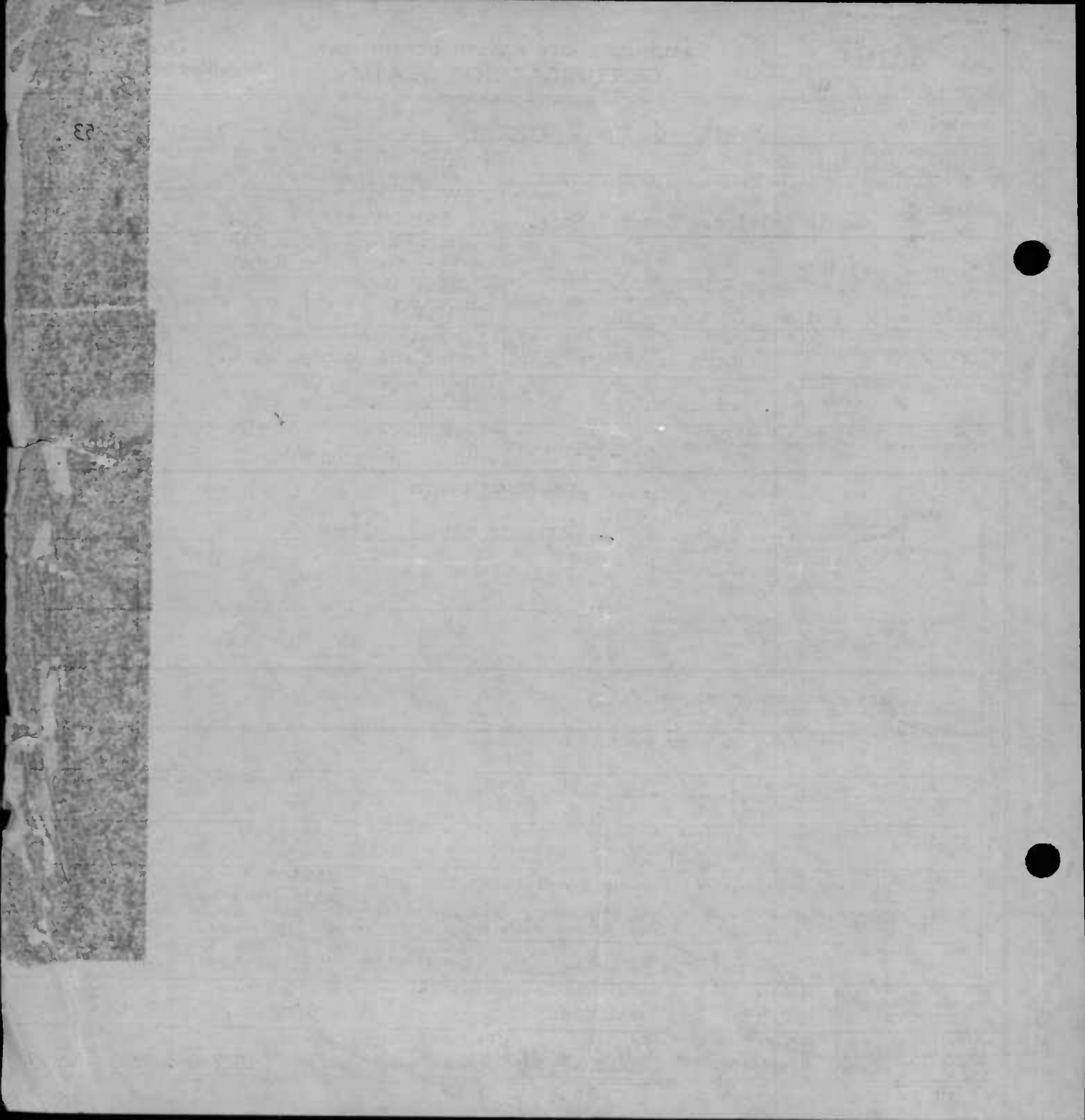
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CERTIFICATE CORRECTED

4-9-53

53 3417

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Marie A. Malone

2. DATE
OF
DEATH

4/5/53

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF
HOSPITAL OR
INSTITUTION

Mercy Hospital

C. Length of stay in Baltimore

Yrs.
Mos.
Days

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE

B. COUNTY

203 E. Mt. Royal Ave

C. CITY OR TOWN

Balto. 11-01

D. STREET ADDRESS (If rural, give location)

Md.

5. SEX

Female

6. COLOR OR RACE

White

7. SINGLE, MARRIED,

WIDOWED, DIVORCED (Specify)

Single

8. DATE OF BIRTH

5/4/1889

9. AGE (In years

63 62

10. Under 1 Year
Months: Days

11. Under 24 Hours
Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Clerk

10B. KIND OF BUSINESS OR INDUSTRY

CVP Tel. Co.

11. BIRTHPLACE (State or foreign country)

Balto. Md.

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME

Patrick H. Malone

14. MOTHER'S MAIDEN NAME

Margaret Borden

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)

16. SOCIAL SECURITY NO.

17. INFORMANT ADDRESS
Sallie B. Connor 409 Cathedral St.

18. 47011

CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH

(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A)

Coronary Thrombosis

DUE TO

Atherosclerosis

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B)

DUE TO

(C)

INTERVAL BETWEEN ONSET AND DEATH

1 day?

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒

21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

WHILE AT WORK ☐

NOT WHILE AT WORK ☐

22. I hereby certify that I attended the deceased from October 21, 1952, to 4-5-1953, that I last saw the deceased alive on 3-31, 1953, and that death occurred at 4:00 p.m., from the causes and on the date stated above.

23A. SIGNATURE

Sam Ashman

23B. ADDRESS

1201 York Ave St

23C. DATE SIGNED

4-6-53

24A. BURIAL, CREMATION, REMOVAL (Specify)

24B. DATE

4/8/53

24C. NAME OF CEMETERY OR CREMATORY

St. Marys

24D. LOCATION (City, town, or county) (State)

(Gorans) Balto. Md.

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

Huntington Williams, M.D.

25. FUNERAL DIRECTOR

ADDRESS

Wm. Cook Inc. 1217 St. Paul St.

UNITED STATES DEPARTMENT OF AGRICULTURE
BUREAU OF PLANT INDUSTRY
OFFICE OF THE CHIEF OF BUREAU
WASHINGTON, D. C.

1911-12

STATE OF TEXAS

REPORT OF THE
COMMISSIONER OF AGRICULTURE
FOR THE YEAR 1911-12
CONTAINING
A SUMMARY OF THE
AGRICULTURAL CONDITION
OF THE STATE
AND
A REPORT ON THE
PROGRESS OF THE
BUREAU OF PLANT INDUSTRY
DURING THE YEAR

THE
BUREAU OF PLANT INDUSTRY
HAS THE HONOR TO
ACKNOWLEDGE THE RECEIPT
OF THE FOLLOWING
REPORTS FROM THE
COUNTY AGENTS
FOR THE YEAR 1911-12

AND TO STATE THAT THE
SAME HAVE BEEN
RECEIVED AND
ARE NOW IN THE
POSSESSION OF THE
BUREAU OF PLANT INDUSTRY

AND TO STATE THAT THE
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SAME HAVE BEEN
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ARE NOW IN THE
POSSESSION OF THE
BUREAU OF PLANT INDUSTRY

53 3418

11-535

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

53 3418
Registered No.

BIRTH NO.

1. NAME OF DECEASED (Type or Print) Marie Manton		2. DATE OF DEATH April 6, 1953	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Maryland B. COUNTY	
B. FULL NAME OF (If not in hospital or institution, give street address or location) Baltimore City Hospitals 4940 Eastern Avenue		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore 27-48	
c. Length of stay in Baltimore life		D. STREET ADDRESS (If rural, give location) 512 Orkney Road	
5. SEX Female	6. COLOR OR RACE White	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH Dec. 3, 1881
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10B. KIND OF BUSINESS OR INDUSTRY own home	9. AGE (In years last birthday) 71
11. BIRTHPLACE (State or foreign country) Maryland		12. CITIZEN OF WHAT COUNTRY?	
13. FATHER'S NAME Edward Schmidt (deceased)		14. MOTHER'S MAIDEN NAME ?	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) none		16. SOCIAL SECURITY NO. none	
17. INFORMANT B. C. H.		ADDRESS 4940 Eastern Ave. (records)	

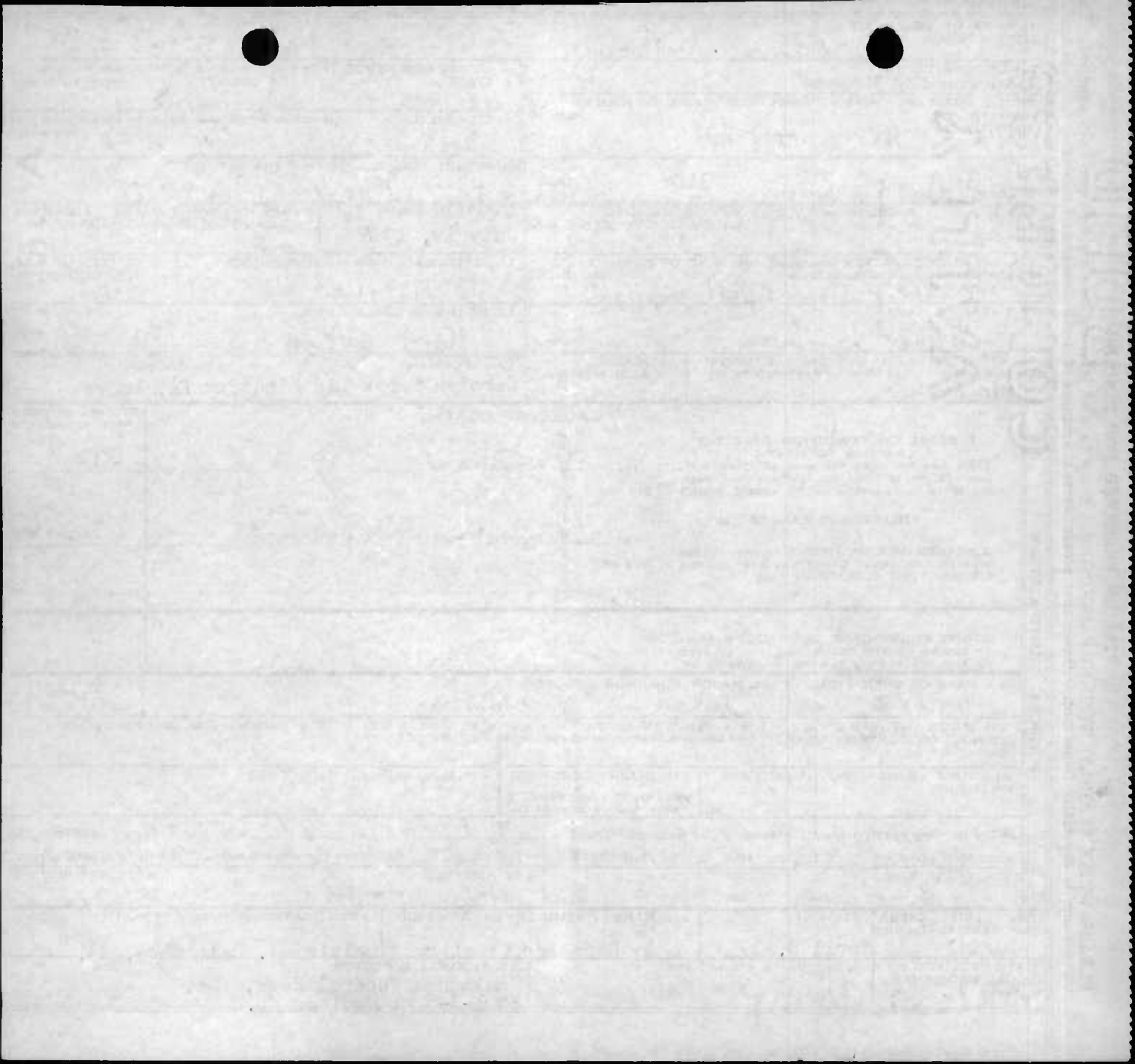
18. 420.1 DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) Arteriolesclerotic Cardiovascular Disease DUE TO Arteriolesclerotic Nephrosclerosis Coronary Sclerosis	INTERVAL BETWEEN ONSET AND DEATH
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.	

19A. DATE OF OPERATION 2	19B. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH <input type="checkbox"/>	21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY	21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21F. HOW DID INJURY OCCUR?
22. I hereby certify that I attended the deceased from 3-16- , 1953, to 4-6- , 1953, that I last saw the deceased alive on 4-6- , 1953, and that death occurred at 1:30 a.m. , from the causes and on the date stated above.		
23A. SIGNATURE 408 Lm Rom	23B. ADDRESS 4940 Eastern Avenue M. O.	23C. DATE SIGNED 4-6-53
24A. BURIAL, CREMATION, REMOVAL (Specify) burial	24B. DATE 4/8/53	24C. NAME OF CEMETERY OR CREMATORY Baltimore Cemetery
24D. LOCATION (City, town, or county) (State) Baltimore, Maryland		25. FUNERAL DIRECTOR Wm. Cook, Inc. ADDRESS 1217 St. Paul Street

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

BIRTH NO.		1. NAME OF DECEASED (Type or Print)		2. DATE	
		Edwin A. Linthicum		4/5/53	
3. PLACE OF DEATH		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)			
A. Baltimore City, Maryland		A. STATE Maryland			
B. FULL NAME OF HOSPITAL OR INSTITUTION		B. COUNTY Baltimore			
Mercy Hospital		C. CITY OR TOWN Baltimore			
37		D. STREET ADDRESS (If rural, give location)			
c. Length of stay in Baltimore		3037 Pinewood Ave. #14			
5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (in years last birthday)	10. CITIZEN OF WHAT COUNTRY?
M	W	M	July 19, 1906	46	USA
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10B. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country)	
Printer		Self-employed		Maryland	
13. FATHER'S NAME		14. MOTHER'S MAIDEN NAME		12. CITIZEN OF WHAT COUNTRY?	
Oliver Linthicum		Mary Glenn		USA	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown)		16. SOCIAL SECURITY NO.		17. INFORMANT	
No				Carolyn Smrha Linthicum, wife, above	
18. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH		CAUSE OF DEATH		INTERVAL BETWEEN ONSET AND DEATH	
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)		(A) Pneumonia		2 weeks	
ANTECEDENT CAUSES		(B) Hemiparesis - temporo-frontal		6 months	
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.		(C)			
II					
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.					
19A. DATE OF OPERATION		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY?	
4/5/53		Inoperable glioblastoma		YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH		21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from 3/9, 1951 to 4/5, 1953, that I last saw the deceased alive on 4/4, 1953, and that death occurred at 8:20 A.M., from the causes and on the date stated above.					
23A. SIGNATURE		23B. ADDRESS		23C. DATE SIGNED	
Roy James Fischer		Mercy Hospital		4/5/53	
24A. BURIAL, CREMATION, REMOVAL (Specify)		24B. DATE		24C. NAME OF CEMETERY OR CREMATORY	
Burial		April 8, 1953		Holy Redeemer Cemetery	
DATE RECEIVED BY LOCAL REGISTRAR		REGISTRAR'S SIGNATURE		25. FUNERAL DIRECTOR	
APR 7 - 1953		Huntington Williams, M.D.		Schimunek Funeral Home, Inc.	
				2601-3-5 E. Madison St.	
VS 150					

5124M



**BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH**

53 3420
Registered No.

53 3420
BIRTH NO.

1. NAME OF DECEASED (Type or Print) <i>Mrs Mary Neuman</i>			2. DATE OF DEATH <i>April 4, 1953</i>		
3. PLACE OF DEATH: A. Baltimore City, Maryland			4. USUAL RESIDENCE (Where deceased lived, if institution: residence before admission) A. STATE <i>MD</i> B. COUNTY <i>Montgomery</i>		
B. FULL NAME OF (If not in hospital or institution, give street address or location) <i>Beth Sours Hospital</i>			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <i>Baltimore</i>		
c. Length of stay in Baltimore <i>73 yrs</i>			D. STREET ADDRESS (If rural, give location) <i>408 Montana Ave, 6</i>		
5. SEX <i>Fe.</i>	6. COLOR OR RACE <i>White</i>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <i>Married</i>	8. DATE OF BIRTH <i>3/7/1880</i>	9. AGE (In years last birthday) <i>73</i>	10. Under 1 Year Months: Days
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>Secretarial Housewife</i>			11. BIRTHPLACE (State or foreign country) <i>Baltimore</i>		
10B. KIND OF BUSINESS OR INDUSTRY <i>Hochschild Kohn</i>			12. CITIZEN OF WHAT COUNTRY? <i>U.S.</i>		
13. FATHER'S NAME <i>Joseph Stiche Dept Store</i>			14. MOTHER'S MAIDEN NAME <i>Katherine Bubon</i>		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) <i>No</i>			16. SOCIAL SECURITY NO. <i>216-03-3419</i>		
17. INFORMANT <i>Charles J. Neuman, husband, above</i>			ADDRESS <input checked="" type="checkbox"/>		

CAUSE OF DEATH

18. <i>49-2 X I</i> DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, ashenia, etc. It means the disease, injury or complication which caused death.) (A) <i>Pneumonia</i> DUE TO ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. (B) DUE TO (C)	INTERVAL BETWEEN ONSET AND DEATH <i>5 days</i>
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. <i>Hypertensive Cardiovascular Disease</i>	

19A. DATE OF OPERATION <i>0</i>	19B. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
21A. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING CAUSE OF DEATH <input type="checkbox"/>	21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY	21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from *April 3, 1953* to *April 4, 1953* that I last saw the deceased alive on *April 3, 1953* and that death occurred at *2:30 A.M.*, from the causes and on the date stated above.

22A. SIGNATURE <i>Harbert W. Lane</i>	23. ADDRESS <i>8300 Secor Hosp</i>	23C. DATE SIGNED <i>4/4/53</i>
24A. BURIAL, CREMATION, REMOVAL (Specify) <i>Burial</i>	24B. DATE <i>April 7, 1953</i>	24C. NAME OF CEMETERY OR CREMATORY <i>Oak Hill Cemetery</i>
DATE RECEIVED BY LOCAL REGISTRAR <i>APR 7-1953</i>	REGISTRAR'S SIGNATURE <i>H. E.ington Williams, M.D.</i>	25. FUNERAL DIRECTOR <i>Schimunek Funeral Home, Inc.</i>
		ADDRESS <i>2601-3-5 E. Madison St.</i>

6906C

MEDICAL CERTIFICATION

RECEIVED BY THE DIRECTOR
GENERAL INVESTIGATIVE DIVISION

U.S. DEPARTMENT OF JUSTICE

WASHINGTON, D.C. 20535

DATE: 10-10-68

TO: SAC, NEW YORK

FROM: SAC, NEW YORK

SUBJECT: [Illegible]

RE: [Illegible]

1. [Illegible]

2. [Illegible]

3. [Illegible]

4. [Illegible]

5. [Illegible]

6. [Illegible]

7. [Illegible]

8. [Illegible]

9. [Illegible]

10. [Illegible]

11. [Illegible]

12. [Illegible]

13. [Illegible]

14. [Illegible]

15. [Illegible]

16. [Illegible]

17. [Illegible]

18. [Illegible]

19. [Illegible]

20. [Illegible]

21. [Illegible]

22. [Illegible]

23. [Illegible]

24. [Illegible]

25. [Illegible]

26. [Illegible]

27. [Illegible]

28. [Illegible]

29. [Illegible]

30. [Illegible]

31. [Illegible]

32. [Illegible]

33. [Illegible]

34. [Illegible]

35. [Illegible]

36. [Illegible]

37. [Illegible]

38. [Illegible]

39. [Illegible]

40. [Illegible]

53 3421

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Adam Dohler

2. DATE
OF
DEATH5th April 1953

3. PLACE OF DEATH:

A. Baltimore City, Maryland

Baltimore

B. FULL NAME OF
HOSPITAL OR
INSTITUTION

Mercy Hospital.

4. USUAL RESIDENCE (Where deceased lived. If institution: residence
before admission)

A. STATE

Md.

B. COUNTY

Baltimore

C. CITY OR TOWN

Baltimore

(If outside corporate limits, write RURAL and give township)

D. STREET ADDRESS (If rural, give location)

Box 352 A Baltimore 6

C. Length of stay in Baltimore

Life

Yrs.
Mos.
Days

5. SEX

M

6. COLOR OR RACE

W

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

Married

8. DATE OF BIRTH

2nd MAY 18989. AGE (In years
last birthday)

54

If Under 1 Year
Months: DaysIf Under 24 Hours
Hours: Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

Brick Layer.

10B. KIND OF BUSINESS OR
INDUSTRY

Balto Brick Co

11. BIRTHPLACE (State or foreign country)

Baltimore

12. CITIZEN OF
WHAT COUNTRY?

U.S.A.

13. FATHER'S NAME

Louis Dohler

14. MOTHER'S MAIDEN NAME

Mary Helmer

15. WAS DECEASED EVER IN U.S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)

No

16. SOCIAL
SECURITY NO.

17. INFORMANT

ADDRESS

Mrs Adam Dohler Phila Rd

18. 260X I

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e.g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A)

DUE TO

Cerebral Vascular Accident

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B)

DUE TO

Diabetes Mellitus

(C)

II
OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH21B. PLACE OF INJURY (e.g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour)
INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

WHILE AT
WORK ☐NOT WHILE
AT WORK ☐22. I hereby certify that I attended the deceased from 4th April, 1953, to 5th April, 1953, that I last saw the
deceased alive on 5th April, 1953, and that death occurred at 7:05 p.m., from the causes and on the date stated above.

23A. SIGNATURE

M. K. Dunn

M. D.

23B. ADDRESS

Mercy Hospital

23C. DATE SIGNED

4/5/53.

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

Burial

24B. DATE

4/8/53

24C. NAME OF CEMETERY OR CREMATORY

Zion Lutheran Cem

24D. LOCATION (City, town, or county)

Balto Md

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

Huntington Williams

25. FUNERAL DIRECTOR

ADDRESS

Starachuk Funeral Home 7401 Belair Rd

VS 150

50424

MEDICAL CERTIFICATION

**BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH**

53 3422
Registered No. _____

BIRTH NO. _____

1. NAME OF DECEASED
(Type or Print)

Nellie C. Koerner

2. DATE
OF
DEATH

April 5 - 1953

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR
INSTITUTION

4209. Kolb Ave

C. Length of stay in Baltimore

Yrs.
Mos.
Days

5. SEX

F

6. COLOR OR RACE

W

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

Single

4. USUAL RESIDENCE (Where deceased lived. If institution: residence
A. STATE B. COUNTY before admission)

md

26-01

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Baltimore

D. STREET ADDRESS (If rural, give location)

4209. Kolb Ave

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

At Home

10B. KIND OF BUSINESS OR INDUSTRY

OWN Home

8. DATE OF BIRTH

Nov 27 - 1876

9. AGE (in years last birthday)

76

11 Under 1 Year Months: Days Hours: Min.

11. BIRTHPLACE (State or foreign country)

Balta City md

12. CITIZEN OF WHAT COUNTRY?

USA

13. FATHER'S NAME

August Koerner

14. MOTHER'S MAIDEN NAME

Catherine Pinschmidt

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)

NO

16. SOCIAL SECURITY NO.

NONE

17. INFORMANT

ADDRESS

Mrs Clara Schueler 4209 Kolb Ave

18. *443 x and 260 x* CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH

(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) *Pulmonary Edema*

DUE TO

INTERVAL BETWEEN ONSET AND DEATH

2 days

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B) *Cardio-Vascular Hypertensive Disease*

DUE TO

14 years

(C) *Arteriosclerosis*

14 years

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

Diabetes

14 years

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐

21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour)
INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

WHILE AT WORK ☐ NOT WHILE AT WORK ☐

22. I hereby certify that I attended the deceased from *March 10*, 1939, to *April 5*, 1953, that I last saw the deceased alive on *April 5*, 1953, and that death occurred at *9:45 P. m.*, from the causes and on the date stated above.

23A. SIGNATURE

Michael J. Dausch

23B. ADDRESS

M. D.

4636 Behr Road

23C. DATE SIGNED

4-5-53

24A. BURIAL, CREMATION, REMOVAL (Specify)

24B. DATE

Burial 4/9/53

24C. NAME OF CEMETERY OR CREMATORY

Baltimore Cen

24D. LOCATION (City, town, or county)

Balta md

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

Huntington Williams, M.D.

25. FUNERAL DIRECTOR

ADDRESS

Larsen Funeral Home 7401 Balair Rd

W. J. Ballinger

610

GRAF

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

53 3423

Registered No. 53 3423

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

George T. Graf

2. DATE
OF
DEATH

4/5/58

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE

B. COUNTY

B. FULL NAME OF (If not in hospital or institution, give street address or HOSPITAL OR INSTITUTION)

2100 Mt Holly St
HOME

C. CITY OR TOWN

Baltimore

D. STREET ADDRESS (If rural, give location)

2100 Mt Holly St

C. Length of stay in Baltimore

5. SEX

M

6. COLOR OR RACE

W

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

SINGLE

B. DATE OF BIRTH

Aug 6-1863

9. AGE (In years
lost birthday)

89

10. Under 1 year
Months: DaysIf Under 24 Hours
Hours: Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

RETIRED

10B. KIND OF BUSINESS OR
INDUSTRY

RESTAURANT

11. BIRTHPLACE (State or foreign country)

ST Louis MOUS

12. CITIZEN OF
WHAT COUNTRY?

13. FATHER'S NAME

VALENTINE GRAF

14. MOTHER'S MAIDEN NAME

MINNIE MUENCH

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown)

no

(If yes, give war or dates of service)

no

16. SOCIAL
SECURITY NO.

no

17. INFORMANT

MRS ANNA MCGEE MTHOLLY ST

9100 ADDRESS

18. 420.0 I

CAUSE OF DEATH

Arteriosclerotic heart disease

INTERVAL BETWEEN
ONSET AND DEATH

1 week

DISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e.g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A)

DUE TO

ANTECEDENT CAUSES

(B)

DUE TO

(C)

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

II

OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH21B. PLACE OF INJURY (e.g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID (If in Baltimore City, give exact location)
INJURY OCCUR?21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

WHILE AT ☐ NOT WHILE ☐
WORK AT WORK

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 9/11, 1947, to 4/5, 1953 that I last saw the
deceased alive on 4/5, 1953, and that death occurred at 9 p. m., from the causes and on the date stated above.

23A. SIGNATURE

Roberta A. Renter

M. D.

23B. ADDRESS

3408 Windsor Ave. Balto Md

23C. DATE SIGNED

4/6/53

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

Burial

24B. DATE

4/8/53

24C. NAME OF CEMETERY OR CREMATORY

Fountain Park Cemetery

24D. LOCATION (City, town, or county) (State)

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

Huntington Williams, M.D.

25. FUNERAL DIRECTOR

Chas P Towell 411 Windsor Mill Rd

ADDRESS

Dr R. A. Reiter
Garrison & Windsor Ave
Li 1470

1 JUN 2

18 JUL 27 100010

18 JUL 27 100010

53 3424

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. _____

BIRTH NO. _____

1. NAME OF DECEASED
(Type or Print)

THOMAS W. MEUSHAW

2. DATE
OF
DEATH April 5, 1953

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF
HOSPITAL OR
INSTITUTION

3130 Harford Road

Yrs.
Mos.
Days

C. Length of stay in Baltimore

4. USUAL RESIDENCE (Where deceased lived. If institution: residence
before admission)

A. STATE

Maryland

B. COUNTY

C. CITY OR TOWN

Baltimore

D. STREET ADDRESS (If rural, give location)

748 Mc Kewon Avenue

McKEWIN

5. SEX

male

6. COLOR OR RACE

white

7. SINGLE, MARRIED,

WIDOWED, DIVORCED (Specify)

married

8. DATE OF BIRTH

Nov. 12, 1895

9. AGE (In years
last birthday)

57

If Under 1 Year
Months: DaysIf Under 24 Hours
Hours: Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

Draftsman Western

10B. KIND OF BUSINESS OR
INDUSTRY

Md. R.R.

11. BIRTHPLACE (State or foreign country)

Baltimore, Maryland

12. CITIZEN OF
WHAT COUNTRY?

13. FATHER'S NAME

Thomas Henry Meushaw

14. MOTHER'S MAIDEN NAME

Martha Shaw

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)16. SOCIAL
SECURITY NO.

17. INFORMANT

ADDRESS Avenue

Mrs. Clara Meushaw, 748 Mc Kewon

18. 4201

CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A)

DUE TO

Coronary Occlusion

INTERVAL BETWEEN
ONSET AND DEATH

1/2 hour

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B)

DUE TO

(C)

II
OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour)
INJURY

21E. INJURY OCCURRED

WHILE AT
WORK ☐NOT WHILE
AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from MAY, 1947, to April, 1953, that I last saw the
deceased alive on MAY 18, 1953, and that death occurred at 10 m., from the causes and on the date stated above.

23A. SIGNATURE

Com. H. Kammer, Jr.

M. D.

23B. ADDRESS

501 Sheridan Ave.

23C. DATE SIGNED

4/6/53

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

Burial

24B. DATE

4-8-53

24C. NAME OF CEMETERY OR CREMATORY

London Park

24D. LOCATION (City, town, or county)

Baltimore, Maryland

(State)

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

Huntington Williams, M.D.

25. FUNERAL DIRECTOR

Leonard J. Ruck

ADDRESS

5305 Harford Road

VS 150

03550

MEDICAL CERTIFICATION

Wm. Kammer
1146 - Be 6425
6-8

-650

53 3425

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

53 3425

Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Sallye W. Linzey Schirm

2. DATE
OF
DEATH

Apr. 5, 1953

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE

Maryland

B. COUNTY

B. FULL NAME OF (If not in hospital or institution, give street address or location)

3404 Harford Road

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Baltimore

D. STREET ADDRESS (If rural, give location)

3404 Harford Road

C. Length of stay in Baltimore

Yrs.
Mos.
Days

5. SEX

female

6. COLOR OR RACE

white

7. SINGLE, MARRIED,

WIDOWED, DIVORCED (Specify)

widowed

8. DATE OF BIRTH

June 4, 1871

9. AGE (In years last birthday)

81

If Under 1 Year Months: Days

If Under 24 Hours Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

at home

10B. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country)

Baltimore, Maryland

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME

?

14. MOTHER'S MAIDEN NAME

?

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)

(If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT

ADDRESS

Mrs. Hazel Fernandis, 3404 Harford

18.

CAUSE OF DEATH

INTERVAL BETWEEN ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH

(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A)

Coronary embolus

sudden

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

DUE TO

(B)

Arterio-sclerotic Cardiovascular disease

years

DUE TO

(C)

Broncho-pneumonia

10 days

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐

21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) INJURY

21E. INJURY OCCURRED

WHILE AT WORK ☐NOT WHILE AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 3/18, 1953, to 4/5, 1953, that I last saw the deceased alive on 4/1, 1953, and that death occurred at 3:15 p.m., from the causes and on the date stated above.

23A. SIGNATURE

23B. ADDRESS

23C. DATE SIGNED

24A. BURIAL, CREMATION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county) (State)

Burial

4-8-53

Loudon Park Cem

Baltimore, Maryland

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

VS 150

Huntington Williams, M.D.

Leonard G. Ruck

5305 Harford Road

Dr. Thomas
600 York Road
e 6256
8-1

**BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH**

53 3426
Registered No. _____

53 3426

BIRTH NO. _____

1. NAME OF DECEASED
(Type or Print)

Clara Jane Norfolk

2. DATE
OF
DEATH

April 5, 1953

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR
INSTITUTION

1426 W. Fayette Street

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE B. COUNTY

Maryland

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)
Baltimore 19-02

D. STREET ADDRESS (If rural, give location)

1426 West Fayette Street

Length of stay in Baltimore

Yrs.
Mos.
Days

5. SEX

female

6. COLOR OR RACE

white

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)
widowed

8. DATE OF BIRTH

June 1, 1884

9. AGE (In years
last birthday)

68

10. Under 1 Year 11. Under 24 Hours
Months Days Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)
at home

10B. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country)

Richmond, Virginia

12. CITIZEN OF
WHAT COUNTRY?

13. FATHER'S NAME

William Aldhizer

14. MOTHER'S MAIDEN NAME

Lillian Parrish

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT

ADDRESS

Mr. Kenneth Bowers, 1426 W. Fayette

18. 443X

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Cerebral hemorrhage
DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B) Hypertensive Cardio Vas.
disease
DUE TO
(C)

Immediate
years.

II
OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐

21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH

21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID (If in Baltimore City, give exact location)
INJURY OCCUR?

21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

WHILE AT NOT WHILE
WORK ☐ AT WORK ☐

22. I hereby certify that I attended the deceased from Apr. 5, 1953, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at _____ m., from the causes and on the date stated above.

23A. SIGNATURE

Charles Tomassello M.D.

M. D.

23B. ADDRESS

910 W. Lombard St

23C. DATE SIGNED

Apr. 7/53

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

Burial

24B. DATE

4-7-53

24C. NAME OF CEMETERY OR CREMATORY

Loudon Park Cemetery

24D. LOCATION (City, town, or county)

Baltimore, Maryland

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

Huntington Williams, M.D.

25. FUNERAL DIRECTOR

ADDRESS

Leonard J. Ruck, 5305 Harford Road

SAINT LOUIS CITY BOARD OF HEALTH
CERTIFICATE OF DEATH

1921 11281

J. Tommasello
to W. Fayette

**BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH**

53 3427
Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

NANCY

RIPASTS

2. DATE
OF
DEATH

4/3/53

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE

Maryland

B. COUNTY

B. FULL NAME OF HOSPITAL OR INSTITUTION

446 - St. Biddle St.

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Baltimore 11-04

D. STREET ADDRESS (If rural, give location)

446 - St. Biddle St.

C. Length of stay in Baltimore

2 years

Yrs.
Mos.
Days

5. SEX

Female

6. COLOR OR RACE

Colored

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)

8. DATE OF BIRTH

?? 1872

9. AGE (in years last birthday)

80

If Under 1 Year

Months Days

If Under 24 Hours

Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

unemployed

10B. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country)

North Carolina

12. CITIZEN OF WHAT COUNTRY?

U.S.A.

13. FATHER'S NAME

General ?

14. MOTHER'S MAIDEN NAME

Nancy Bullock

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT

ADDRESS

Alice Johnson - 446 - St. Biddle St.

18. *420.0*

CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A)

Arteriosclerotic Heart

DUE TO

ANTECEDENT CAUSES

(B)

Disease

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

DUE TO

(C)

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

INTERVAL BETWEEN ONSET AND DEATH

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒

21A. EXTERNAL CAUSE WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH.

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR?

(If in Baltimore City, give exact location)

21d. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I certify that I took charge of the remains described above, held an *Inspection* thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐.

23A. SIGNATURE

R. H. Fisher

23B. CHIEF MEDICAL EXAMINER ☒

ASSISTANT MEDICAL EXAMINER ☐

MEDICAL INVESTIGATOR ☐

23C. DATE SIGNED

4/4/53

24A. BURIAL, CREMATION, REMOVAL (Specify)

Burial

24B. DATE

4/8/53

24C. NAME OF CEMETERY OR CREMATORY

Mt. Auburn

24D. LOCATION (City, town, or county)

Maryland

DATE RECEIVED BY LOCAL REGISTRAR

APR 7 - 1953

REGISTRAR'S SIGNATURE

H. H. Williams, M.D.

25. FUNERAL DIRECTOR

A. Halstead

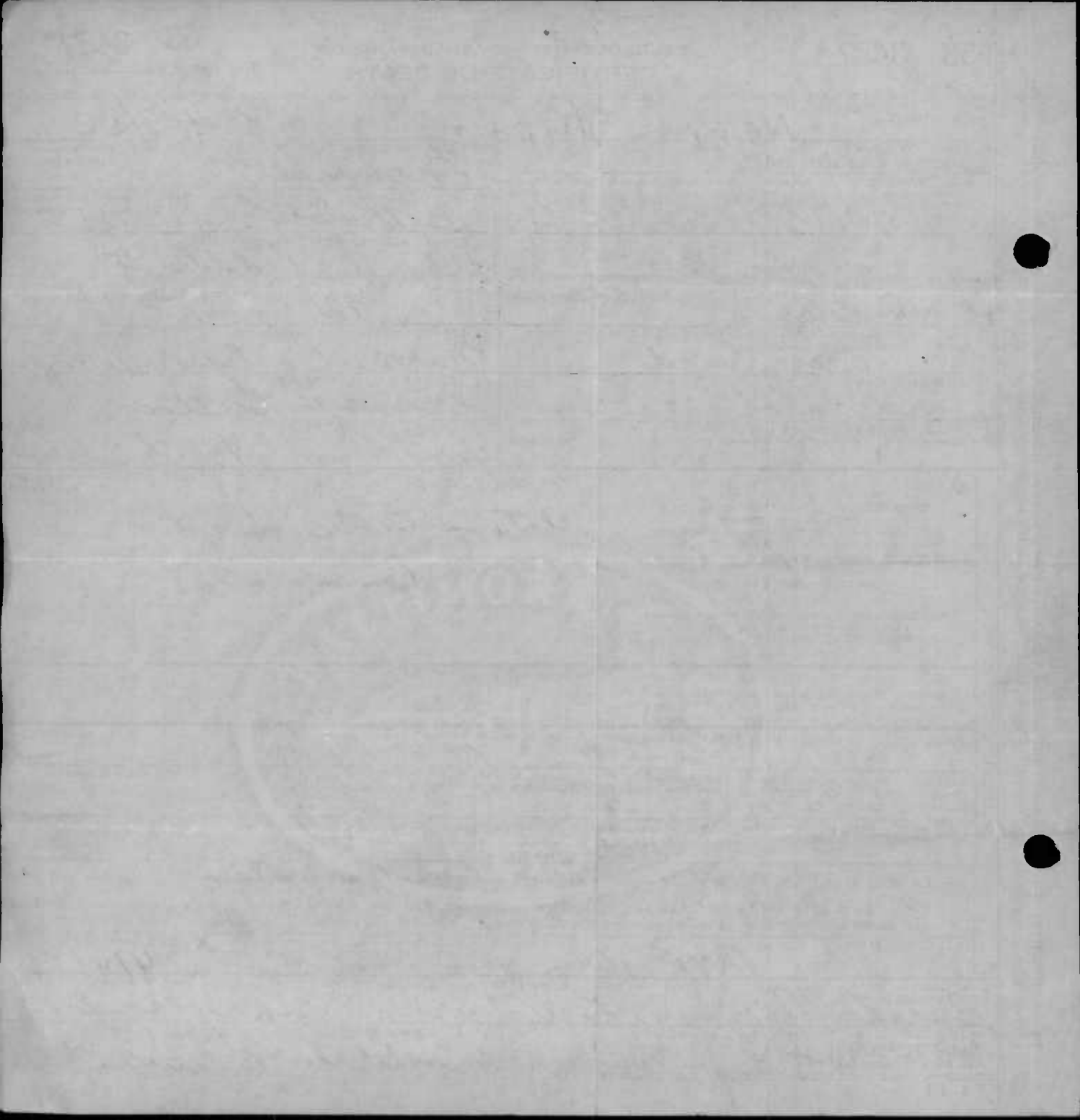
ADDRESS

918 - Spruce Hill

aver

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.



- 320

DE 112

53 3428

3 3428

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Washington Bailey Deitz

2. DATE OF DEATH

non am.
6/19/53

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF HOSPITAL OR INSTITUTION

764 E Fort Ave

C. Length of stay in Baltimore

Life

5. SEX

Male

6. COLOR OR RACE

White

7. SINGLE, MARRIED,

WIDOWED, DIVORCED (Specify)

widowed

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Bar tender

10B. KIND OF BUSINESS OR INDUSTRY

Tavern

13. FATHER'S NAME

?

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown)

no

16. SOCIAL SECURITY NO.

216-03-1765

17. INFORMANT

Mrs. Violet V. Sawyer - (same)

ADDRESS

18. 420.0 I

CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A)

Coronary Thrombosis

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B)

arteriosclerosis

DUE TO

(C)

INTERVAL BETWEEN ONSET AND DEATH

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED

WHILE AT ☐ NOT WHILE ☐
m. WORK AT WORK

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Sept, 1951, to April, 1953, that I last saw the deceased alive on 3/28/53, 19, and that death occurred at 3 A. m., from the causes and on the date stated above.

23A. SIGNATURE

Dennis Lee Smith M.D.

23B. ADDRESS

1 E Randall St

23C. DATE SIGNED

4/8/53

24A. BURIAL, CREMATION, REMOVAL (Specify)

Burial

24B. DATE

Wed. Apr. 8, 1953

24C. NAME OF CEMETERY OR CREMATORY

London Park Cem.

24D. LOCATION (City, town, or county)

Balt Md

(State)

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

Huntington Williams, M.D.

25. FUNERAL DIRECTOR

ADDRESS

1400 S Charles St Balt 30 Md

VS 150

MEDICAL CERTIFICATION

UNITED STATES DEPARTMENT OF JUSTICE
FEDERAL BUREAU OF INVESTIGATION
WASHINGTON, D. C. 20535

100-100-5-111

53 3429

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No.

53 3429

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Eliza Belcher

2. DATE
OF
DEATH

Nov. 4, 1953

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE

B. COUNTY

B. FULL NAME OF (If not in hospital or institution, give street address or location)

1353 N. Gilman St.

C. CITY OR TOWN

(If outside corporate limits, write full name of township)

Baltimore

D. STREET ADDRESS (If rural, give location)

1353 N. Gilman St.

C. Length of stay in Baltimore

5. SEX

Female

6. COLOR OR RACE

Colored

7. SINGLE, MARRIED

WIDOWED, DIVORCED (Specify)

Widowed

8. DATE OF BIRTH

Sept. 30, 1884

9. AGE (In years last birthday)

68

If Under 1 Year

Months: Days

If Under 24 Hours

Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Domestic

10B. KIND OF BUSINESS OR INDUSTRY

Dom. family

11. BIRTHPLACE (State or foreign country)

Clematis, Ga.

12. CITIZEN OF WHAT COUNTRY?

USA

13. FATHER'S NAME

Morris Mincey

14. MOTHER'S MAIDEN NAME

Sarah Powell

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)

(If Yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT

Mrs. Annie Green

1353 N. Gilman St.

18. 443X I

CAUSE OF DEATH

INTERVAL BETWEEN ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A)

DUE TO

Cerebral Hemorrhage

3 days

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B)

DUE TO

Hypertensive Heart

2 yrs.

(C)

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED

WHILE AT ☐ NOT WHILE ☐
WORK AT WORK

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 4-1-1953 to 4-4-1953 that I last saw the deceased alive on 4-3-1953 and that death occurred at 130 a.m., from the causes and on the date stated above.

23A. SIGNATURE

George C. Hage

23B. ADDRESS

1816 N. Mount St. (17)

23C. DATE SIGNED

4-6-53.

24A. BURIAL, CREMATION, REMOVAL (Specify)

Burial Apr. 8, 1953

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

Mt. Auburn

24D. LOCATION (City, town, or county)

Baltimore, Md.

(State)

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

Hall & Sons

1631 Duval Hill

**BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH**

Registered No. _____

BIRTH NO. _____

1. NAME OF DECEASED
(Type or Print)

Matilda Tyler Owens

2. DATE OF DEATH

Apr. 5 1953

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived, if institution: residence before admission)

A. STATE

B. COUNTY

Maryland

B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location)

2415 Francis St.

C. CITY OR TOWN

Baltimore

D. STREET ADDRESS (If rural, give location)

2415 Francis St.

C. Length of stay in Baltimore

Yrs. *158*
Days

5. SEX

Female

6. COLOR OR RACE

Colored

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)

Widowed

8. DATE OF BIRTH

June 13/1869

9. AGE (In years last birthday)

83

If Under 1 Year Months: Days

If Under 24 Hours Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Handweaver

10B. KIND OF BUSINESS OR INDUSTRY

Home

11. BIRTHPLACE (State or foreign country)

Baltimore, Md.

12. CITIZEN OF WHAT COUNTRY?

U.S.A.

13. FATHER'S NAME

John Henry Tyler

14. MOTHER'S MAIDEN NAME

Amelia ?

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)

(If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

Mr. John T. Owens

17. INFORMANT

Mr. John T. Owens

ADDRESS *2415 Francis St.*

18. *422.1*

CAUSE OF DEATH

INTERVAL BETWEEN ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) *CARDIO VASCULAR DISEASE*

DUE TO

2 YRS

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B) *CEREBRAL HEMORRHAGE*

DUE TO

30 DAYS

(C)

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐

21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH

21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

WHILE AT WORK ☐ NOT WHILE AT WORK ☐

22. I hereby certify that I attended the deceased from *MARCH 4*, 1953, to *APRIL 5*, 1953; that I last saw the deceased alive on *MARCH 27*, 1953, and that death occurred at *4:30* a.m., from the causes and on the date stated above.

23A. SIGNATURE

William Frey

23B. ADDRESS

1928 Penna Ave

23C. DATE SIGNED

4/6/53

24A. BURIAL, CREMATION, REMOVAL (Specify)

Burial

24B. DATE

Apr. 9, 1953

24C. NAME OF CEMETERY OR CREMATORY

St. Ambrose

24D. LOCATION (City, town, or county) (State)

Baltimore, Md.

DATE RECEIVED BY LOCAL REGISTRAR

APR 7 - 1953

REGISTRAR'S SIGNATURE

Huntington Williams

25. FUNERAL DIRECTOR

1631 Druid Hill Ave

ADDRESS

1631 Druid Hill Ave

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No.

3431

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

MARIE

JOHNSON

HACKETT

2. DATE
OF
DEATH

April 6, 1953

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF
HOSPITAL OR
INSTITUTION (If not in hospital or institution, give street address or location)

20 N. Stricker Street

4. USUAL RESIDENCE (Where deceased lived. If institution: residence
A. STATE B. COUNTY before admission)

Maryland

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Baltimore

D. STREET ADDRESS (If rural, give location)

20 N. Stricker Street

c. Length of stay in Baltimore

Yrs.
Mos.
Days

5. SEX

Female

6. COLOR OR RACE

Colored

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

Married

8. DATE OF BIRTH

May 5, 1898

9. AGE (In years
last birthday)

54

If Under 1 Year
Months: DaysIf Under 24 Hours
Hours: Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, or, if retired)

Domestic

10B. KIND OF BUSINESS OR
INDUSTRY

Pub. Family

11. BIRTHPLACE (State or foreign country)

Lawson, Md.

12. CITIZEN OF
WHAT COUNTRY?

U.S.A.

13. FATHER'S NAME

Isaac Robinson

14. MOTHER'S MAIDEN NAME

Maggie Sawyer

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)16. SOCIAL
SECURITY NO.17. INFORMANT
Mr. Edward C. Stricker
20 N. Stricker St.

18.

443 X

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A) Hypertensive Heart Disease

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B)

DUE TO

(C)

II
OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒21A. EXTERNAL CAUSE WAS
UNDERLYING ☐ OR CONTRIB-
UTING ☐ CAUSE OF DEATH.21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR? (If in Baltimore City, give exact location)21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

WHILE AT ☐ NOT WHILE
WORK AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I certify that I took charge of the remains described above, held an inspection & inquiry thereon and from
Autopsy, Inspection or Inquiry
the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above,
and death in my opinion resulted from: natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐.

23A. SIGNATURE

R. F. Fisher

23B. CHIEF MEDICAL EXAMINER ☒
ASSISTANT MEDICAL EXAMINER ☐
MEDICAL INVESTIGATOR ☐

23C. DATE SIGNED

4-6-53

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county)

(State)

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

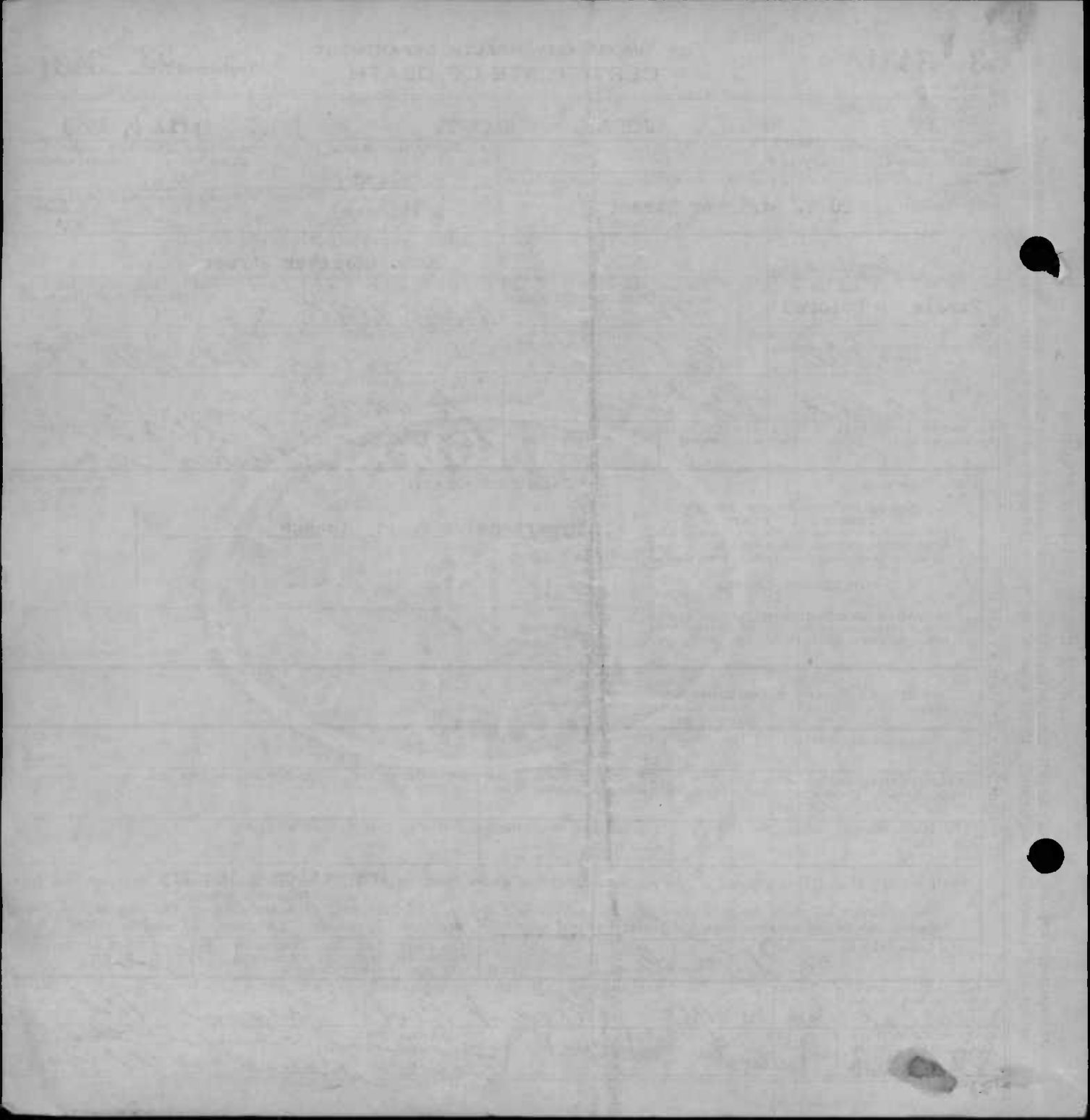
25. FUNERAL DIRECTOR

ADDRESS

APR 7 - 1953

Huntington Williams, M.D.

Pleasant Rest, Lawson, Md.
Holland
1631 David Hill Ave



8-320
53 3432

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 53 3432

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

SYLVESTER B. SUTCH

2. DATE
OF
DEATH

4/6/53

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF (If not in hospital or institution, give street address or hospital or institution)

University Hospital

C. Length of stay in Baltimore

5

5. SEX

M

6. COLOR OR RACE

W.

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)

widowed

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

10B. KIND OF BUSINESS OR INDUSTRY

13. FATHER'S NAME

John Sutch

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)

no

16. SOCIAL SECURITY NO.

8. DATE OF BIRTH

8-25-67

9. AGE (In years last birthday)

11. BIRTHPLACE (State or foreign country)

Md

14. MOTHER'S MAIDEN NAME

Katherine Bowen

17. INFORMANT ADDRESS
Mr. M. L. Stuch - 302 Hopkins Rd.

18. K903.0

CAUSE OF DEATH

INTERVAL BETWEEN ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Pulmonary Embolus

10 MIN-

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B) Fracture hip, intertrochanteric, Right.

CERTIFICATION APPROVED BY

(C) Not approved.

CHIEF OR ASST. MEDICAL EXAMINER.

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

Papilloma Left Elbow.

19A. DATE OF OPERATION

3/9/53

19B. MAJOR FINDINGS OF OPERATION

Intertrochanteric fracture rt. hip.

20. AUTOPSY?

YES ☐ NO ☒

21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

Home

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

432 Overbrook Rd. Catonsville.

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

3/5/53

21E. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☒

21F. HOW DID INJURY OCCUR?

Wind blew door shut. Knocking him down to floor.

22. I hereby certify that I attended the deceased from 3-5-53 to 4-6-53, 1953 that I last saw the deceased alive on 4-6-53, and that death occurred at P. M., from the causes and on the date stated above.

23A. SIGNATURE

Harry C. Bowie

23B. ADDRESS

1011 N. Calvert St.

23C. DATE SIGNED

4/7/53

24A. BURIAL, CREMATION, REMOVAL (Specify)

Burial

24B. DATE

4/8/53

24C. NAME OF CEMETERY OR CREMATORY

Ward's Chapel Cem.

24D. LOCATION (City, town, or county) (State)

Balto. Co., Md.

DATE RECEIVED BY LOCAL REGISTRAR

APR 7-1953

REGISTRAR'S SIGNATURE

Huntington Williams, M.D.

25. FUNERAL DIRECTOR

J. P. Pichers & Sons

ADDRESS

Balto 17, Md.

VS 150

N-8240

correct age is especially important. Physicians write the causes of death clearly and legibly.

MEDICAL CERTIFICATION

STATE OF NEW YORK
DEPARTMENT OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

NAME OF DECEASED

AGE

SEX

RACE

RELIGION

EDUCATION

OCCUPATION

DATE OF BIRTH

DATE OF DEATH

PLACE OF BIRTH

PLACE OF DEATH

CAUSE OF DEATH

MANNER OF DEATH

PERIOD OF ILLNESS

PREVIOUS ILLNESS

PREVIOUS SURGERY

PREVIOUS TRAUMA

PREVIOUS INJURY

PREVIOUS DISEASE

PREVIOUS SYMPTOMS

PREVIOUS TREATMENT

PREVIOUS MEDICATION

PREVIOUS SURVIVAL

PREVIOUS DEATH

PREVIOUS BURIAL

PREVIOUS CREMATION

PREVIOUS INTERMENT

PREVIOUS REINTERMENT

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PLEASE PRINT correct age is especially important. Physicians write the causes of death clearly and legibly.

CERTIFICATE CORRECTED

4-14-53

TO BE APPROVED BY MEDICAL EXAMINER

53 3433

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

53 3433
Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Alexander, Charles Sumner

2. DATE
OF
DEATH

April 6, 1953

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location)

St. Joseph's Hospital

C. Length of stay in Baltimore

42 years

Yrs.
Mos.
Days

4. USUAL RESIDENCE (Where deceased lived, if institution: residence before admission)

A. STATE

B. COUNTY

Maryland

C. CITY OR TOWN

(If outside corporate limits, write RURAL and give township)

Baltimore

D. STREET ADDRESS (If rural, give location)

2316 E. North Avenue

5. SEX

Male

6. COLOR OR RACE

White

7. SINGLE, MARRIED,

WIDOWED, DIVORCED (Specify)

Widowed

8. DATE OF BIRTH

Apr. 13, 1862-

9. AGE (In years last birthday)

80

If Under 1 Year

Months: Days

If Under 24 Hours

Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Retired Clerk

10B. KIND OF BUSINESS OR INDUSTRY

Steel Mfg.

11. BIRTHPLACE (State or foreign country)

Pennsylvania

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME

Joseph
James M. Alexander

14. MOTHER'S MAIDEN NAME

Hattie Thompson

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT

ADDRESS

Mr. Robert Alexander - 2712 Southern Ave.

18. 421 and E900.0 CAUSE OF DEATH

INTERVAL BETWEEN ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH

(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Arteriosclerotic cardiovascular disease

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B) DUE TO

(C)

CERTIFICATION APPROVED BY

CHIEF OR ASST. MEDICAL EXAMINER.

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

Fracture, left hip

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒

21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH

21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

home

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

2316 E. North Avenue

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

April 2, 1953 4:30am.

21E. INJURY OCCURRED

WHILE AT WORK ☐

NOT WHILE AT WORK ☒

21F. HOW DID INJURY OCCUR?

Fell down stairs at home

22. I hereby certify that I attended the deceased from April 2, 1953 to April 6, 1953, that I last saw the deceased alive on April 6, 1953, and that death occurred at 11:50am., from the causes and on the date stated above.

23A. SIGNATURE

Robert Alexander

23B. ADDRESS

1400 N. Caroline Street

23C. DATE SIGNED

April 6, 1953

24A. BURIAL, CREMATION, REMOVAL (Specify)

Burial

24B. DATE

4/9/53

24C. NAME OF CEMETERY OR CREMATORY

Baltimore Cem.

24D. LOCATION (City, town, or county)

Balto., Md.

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

Huntington Williams, M.D.

25. FUNERAL DIRECTOR

Wm. J. Pickner & Sons

ADDRESS

Balto 17, Md.

VS 150

N-920.0

MINNESOTA CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

DECLARATION BY

under certificate of death
has been made

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

HERBERT CORKRAN Sr.

2. DATE
OF
DEATH

April 5, 1953

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE
Maryland

B. COUNTY

B. FULL NAME OF HOSPITAL OR INSTITUTION (not in hospital or institution, give street address or location)

Union Memorial Hospital

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Baltimore

D. STREET ADDRESS (If rural, give location)

3712 Yosemite Avenue

c. Length of stay in Baltimore

Yrs.
Mos.
Days

5. SEX

Male

6. COLOR OR RACE

White

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)
married

8. DATE OF BIRTH

Feb. 14, 1885

9. AGE (In years last birthday)

68

If Under 1 Year
Months DaysIf Under 24 Hours
Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Official (rtd)

10B. KIND OF BUSINESS OR INDUSTRY

Railroad

11. BIRTHPLACE (State or foreign country)

Maryland

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME

Asbury Corkran

14. MOTHER'S MAIDEN NAME

Elizabeth Greenwood

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)
yes World War No. 1

16. SOCIAL SECURITY NO.

17. INFORMANT

ADDRESS

Mrs. Florence Corkran-3712 Yosemite Ave.

18. E 900.6

CAUSE OF DEATH

INTERVAL BETWEEN ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asphyxia, etc. It means the disease, injury or complication which caused death.)

(A) Craniocerebral Injury

DUE TO

ANTECEDENT CAUSES

(B)

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

DUE TO

(C)

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☒ NO ☐

21A. EXTERNAL CAUSE WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH.

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

building

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

Guilford Ave. & 22nd St.
Dept. of Motor Vehicles

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

2-17-53 10:00 A. m.

21E. INJURY OCCURRED

WHILE AT WORK ☐NOT WHILE AT WORK ☒

21F. HOW DID INJURY OCCUR?

fell down steps (outside)

22. I certify that I took charge of the remains described above, held an autopsy thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐ accident ☒ suicide ☐ homicide ☐ undetermined ☐.

23A. SIGNATURE

R. B. Fisher

23B. CHIEF MEDICAL EXAMINER.....
M.D. ASSISTANT MEDICAL EXAMINER.....
MEDICAL INVESTIGATOR.....23C. DATE SIGNED
4-6-5324A. BURIAL, CREMATION, REMOVAL (Specify)
Removal

24B. DATE

4/8/53

24C. NAME OF CEMETERY OR CREMATORY

Blanford Cem.

24D. LOCATION (City, town, or county)

Petersburg, Va

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

Huntington

25. FUNERAL DIRECTOR

Wm. J. Pickner & Sons

VS 151

N- 856.0

29050

Back 17 Ma

15 Oct 1954

53 3435

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Mary I. Stotler

2. DATE
OF
DEATH

4-6-53

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR INSTITUTE

University Hospital

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE

W. Va.

B. COUNTY

V-45

C. CITY OR TOWN

Berkley Springs.

(If outside corporate limits, write RURAL and give township)

D. STREET ADDRESS (If rural, give location)

C. Length of stay in Baltimore

one

5. SEX

F

6. COLOR OR RACE

W.

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

Married

8. DATE OF BIRTH

1904

9. AGE (In years
last birthday)

49

If Under 1 Year
Months Days Hours Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

Housewife

10B. KIND OF BUSINESS OR
INDUSTRY

11. BIRTHPLACE (State or foreign country)

W. Va.

12. CITIZEN OF
WHAT COUNTRY?

13. FATHER'S NAME

Joshua Barnay

14. MOTHER'S MAIDEN NAME

Emma.

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)16. SOCIAL
SECURITY NO.

17. INFORMANT

ADDRESS

Hunter Funeral Home-Berkley Springs, W. Va.

18. 194X

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g.,
heart failure, ashenia, etc. It means the disease,
injury or complication which caused death.)(A) Anoxia
DUE TO

4-5 days

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.(B) Compression of Trachea
DUE TO
(C) Carcinoma of Thyroid

8-12 Months

II
OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

Metastatic Nodules in lung

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☒ NO ☐21A. ACCIDENT WAS UNDER-
LYING OR CONTRIBUTING
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

m. WHILE AT ☐ NOT WHILE ☐
WORK AT WORK

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 2-6, 1953 to 4-6, 1953, that I last saw the
deceased alive on 4-6, 1953, and that death occurred at 7¹⁰ A.M., from the causes and on the date stated above.

23A. SIGNATURE

B. H. H. H.

23B. ADDRESS

M. D.

Minersky Hosp

23C. DATE SIGNED

4-6-53

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

Removal

24B. DATE

4/7/53

24C. NAME OF CEMETERY OR CREMATORY

Greenway Cem.

24D. LOCATION (City, town, or county)

Berkley Springs, W. Va.

(State)

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

536

53 3436

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No.

53 3436

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

HARRY JAMES ANDREW

2. DATE
OF
DEATH

4-6-53

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR
INSTITUTIONChurch Home & Hosp
Life

C. Length of stay in Baltimore

5. SEX

M

6. COLOR OR RACE

W

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

M

10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

Salesman

10B. KIND OF BUSINESS OR
INDUSTRY

Janitors Supplies

13. FATHER'S NAME

Muir

(W)

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown)

no

16. SOCIAL
SECURITY NO.4. USUAL RESIDENCE (Where deceased lived. If institution: residence
A. STATE

B. COUNTY

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Balto. Md. # 18

D. STREET ADDRESS (If rural, give location)

4409 Marble Hall Rd Apt 230

8. DATE OF BIRTH

Nov. 18, 1905

9. AGE (in years
last birthday)

5-7

If Under 1 Year

Months: Days

If Under 24 Hours

Hours: Min.

11. BIRTHPLACE (State or foreign country)

Balto. Md.

12. CITIZEN OF
WHAT COUNTRY?

USA

14. MOTHER'S MAIDEN NAME

Bernie HARTZ

17. INFORMANT

ADDRESS

Mrs. Madge S. Andrew-4409 Marble Hall Rd.

18.

420.1

DISEASE OR CONDITION DIRECTLY
LEADING TO DEATH(This does not mean the mode of dying, e.g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A)

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B)

DUE TO

(C)

CAUSE OF DEATH

Myocardial infarction

Coronary thrombosis

INTERVAL BETWEEN
ONSET AND DEATH

9 hours

II
OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH21B. PLACE OF INJURY (e.g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

m.

WHILE AT
WORK ☐NOT WHILE
AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 4-6-1953, to 4-6-1953, that I last saw the
deceased alive on 4-6-1953 and that death occurred at 5:15 p.m., from the causes and on the date stated above.

23A. SIGNATURE

M. D.

23B. ADDRESS

Church Home & Hosp.

23C. DATE SIGNED

4-6-53

24X. BURIAL CREMA-
TION, REMOVAL (Specify)

Burial

24B. DATE

4/9/53

24C. NAME OF CEMETERY OR CREMATORY

Moreland Mem. Pk.

24D. LOCATION (City, town, or county)

Balto., Md.

(State)

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

VS 150

49068

Balto 17, Md.

MEDICAL CERTIFICATION

UNITED STATES OF AMERICA

DEPARTMENT OF JUSTICE

EDWARD J. BRENNAN

38

**BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH**

Registered No. **53 3437**

53 3437
BIRTH NO.

1. NAME OF DECEASED (Type or Print) John I Jolliffe		2. DATE OF DEATH 4/6/53	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE W. Va. B. COUNTY V-45	
B. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION University Hospital		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Mannington	
D. STREET ADDRESS (If rural, give location) 555 Buffalo St.		5. LENGTH OF STAY IN BALTIMORE 11 Days	
5. SEX M	6. COLOR OR RACE White	7. SINGLE <input checked="" type="checkbox"/> MARRIED WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH 2/10/91
9. AGE (In years last birthday) 62		10. UNDER 1 Year Months: Days Under 24 hours Hours: Min.	
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Engineer		10B. KIND OF BUSINESS OR INDUSTRY ?	
11. BIRTHPLACE (State or foreign country) W. Va.		12. CITIZEN OF WHAT COUNTRY? U.S.	
13. FATHER'S NAME Elmus Jolliffe		14. MOTHER'S MAIDEN NAME Belle Simmons	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) No		16. SOCIAL SECURITY NO.	
17. INFORMANT St. J. Jones F.A. Mannington, W. Va.		ADDRESS	

18. 022X DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) Cerebrovascular Accident		INTERVAL BETWEEN ONSET AND DEATH
(A) DUE TO		
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. Aneurysm, aortic, abdominal		
(B) DUE TO		
(C)		
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		

19A. DATE OF OPERATION 4/2/53		19B. MAJOR FINDINGS OF OPERATION Aneurysm abdominal aorta		20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
21A. ACCIDENT WAS UNDER- LYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from 3/26/53 , 19 53 , to 4/6/53 , 19 53 , that I last saw the deceased alive on 4/6/53 , 19 53 , and that death occurred at 7:30 Am., from the causes and on the date stated above.					
23A. SIGNATURE George H. Smith		23B. ADDRESS University Hospital		23C. DATE SIGNED 4/6/53	
24A. BURIAL, CREMATION, REMOVAL (Specify) Removal		24B. DATE 4/7/53		24C. NAME OF CEMETERY OR CREMATORY Manning Mem. Pk.	
24D. LOCATION (City, town, or county) Mannington, W. Va.		24E. LOCAL REGISTRAR Huntington Williams		24F. FUNERAL DIRECTOR Wm. J. Pickens & Sons	
24G. ADDRESS Bath 17 Md.					

58399

Bath 17 Md.

MEDICAL CERTIFICATION

Correct age is extremely important. In physicians, please write the causes of death clearly and legibly.

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

53 3438		BALTIMORE CITY HEALTH DEPARTMENT		53 3438	
D-143-08184		CERTIFICATE OF DEATH		Registered No.	
BIRTH NO.		1. NAME OF DECEASED (Type or Print)		2. DATE OF DEATH	
		BABY, GIRL DUFFIELD (BONNIE MARIE)		4-7-53	
3. PLACE OF DEATH:		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)			
A. Baltimore City, Maryland		A. STATE MD B. COUNTY			
B. FULL NAME OF HOSPITAL OR INSTITUTION		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)			
Bon Secours Hospital		BALTIMORE 13-01			
D. STREET ADDRESS (If rural, give location)		2513 Linden Ave			
5. SEX		6. COLOR OR RACE		7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	
Female		W		S	
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10B. KIND OF BUSINESS OR INDUSTRY		8. DATE OF BIRTH	
				4-6-53	
11. BIRTHPLACE (State or foreign country)		12. CITIZEN OF WHAT COUNTRY?		9. AGE (In years last birthday)	
MD				Months: 1 Days: 1	
13. FATHER'S NAME		14. MOTHER'S MAIDEN NAME		17. INFORMANT ADDRESS	
William Duffield		Dorothy PALMER		Clarence W. Duffield, 2513 Linden Ave.	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)		16. SOCIAL SECURITY NO.		18. 761.0 I DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthma, etc. It means the disease, injury or complication which caused death.)	
				(A) Prematurity -	
19. ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.		(B) Premature Separation of Placenta -		INTERVAL BETWEEN ONSET AND DEATH	
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		(C)		24 hours	
19A. DATE OF OPERATION		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY?	
4/6/53		Placenta 90% separated from uterus -		YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from 4/6/53, 19, to 4/7/53, 19, that I last saw the deceased alive on 4/7/53, 19, and that death occurred at 9:30 A. M., from the causes and on the date stated above.					
23A. SIGNATURE		23B. ADDRESS		23C. DATE SIGNED	
John E. Carroll Jr.		Bon Secours Hospital		4/7/53	
24A. BURIAL, CREMATION, REMOVAL (Specify)		24B. DATE		24C. NAME OF CEMETERY OR CREMATORY	
Burial		4/7/53		Baltimore Cemetery	
DATE RECEIVED BY LOCAL REGISTRAR		REGISTRAR'S SIGNATURE		25. FUNERAL DIRECTOR ADDRESS	
APR 11 1953		Huntington Williams, M.D.		St. M. Cork, Inc., 1217 St. Paul St.	

STATE OF NEW YORK
DEPARTMENT OF HEALTH
BUREAU OF VITAL RECORDS

CERTIFICATE OF DEATH

NAME OF DECEASED		AGE		SEX		RACE		DATE OF DEATH	
PLACE OF BIRTH		PLACE OF DEATH		CITY		COUNTY		STATE	
OCCUPATION		CAUSE OF DEATH		MANNER OF DEATH		CERTIFICATE NO.		FILE NO.	
DATE OF BIRTH		DATE OF DEATH		TIME OF DEATH		HOUR OF DEATH		MINUTE OF DEATH	
SIGNATURE OF DECEASED		SIGNATURE OF WITNESS		SIGNATURE OF PHYSICIAN		SIGNATURE OF CLERK		SIGNATURE OF JUDGE	
DATE OF SIGNATURE		DATE OF SIGNATURE		DATE OF SIGNATURE		DATE OF SIGNATURE		DATE OF SIGNATURE	

**BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH**

Registered No. **53 3439**

10-220
53 3439
BIRTH NO.

1. NAME OF DECEASED (Type or Print) NATHANIEL ISAAC		2. DATE OF DEATH April 6, 1953	
3. PLACE OF DEATH: A. Baltimore City, Maryland Balto. City		4. USUAL RESIDENCE (Where deceased lived, if institution: residence before admission) A. STATE Maryland B. COUNTY	
B. FULL NAME OF HOSPITAL OR INSTITUTION Johns Hopkins Hospital		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore	
c. Length of stay in Baltimore Yrs. Mos. Days		D. STREET ADDRESS (If rural, give location) 133 N. Wolfe Street	

5. SEX Male	6. COLOR OR RACE Colored	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Single	8. DATE OF BIRTH June-8-1930	9. AGE (In years last birthday) 22	10. Under 1 Year Months: Days	11. Under 24 Hours Hours: Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Bricklayer Helper Building			11. BIRTHPLACE (State or foreign country) Darlington S.C.		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13. FATHER'S NAME Ephraim Dolyford			14. MOTHER'S MAIDEN NAME Nellie Joe			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) yes War # 3			16. SOCIAL SECURITY NO.			
			17. INFORMANT Willie Joe ADDRESS			

18. E 981X DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) Gunshot wound of the head		CAUSE OF DEATH 133 N. Wolfe St	INTERVAL BETWEEN ONSET AND DEATH
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. (B) (C)			
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.			

19A. DATE OF OPERATION		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
21A. EXTERNAL CAUSE WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH.	21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.) house	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location) 124 N. Wolfe Street			
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY 4-4-53 4:10 P.m.	21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	21F. HOW DID INJURY OCCUR? firearms			

22. I certify that I took charge of the remains described above, held an **autopsy** thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☐, suicide ☐, homicide ☒, undetermined ☐.

23A. SIGNATURE [Signature]		23B. CHIEF MEDICAL EXAMINER..... <input checked="" type="checkbox"/> ASSISTANT MEDICAL EXAMINER..... <input type="checkbox"/> MEDICAL INVESTIGATOR..... <input type="checkbox"/>		23C. DATE SIGNED 4-6-53	
24A. BURIAL, CREMATION, REMOVAL (Specify)	24B. DATE April 10th/53	24C. NAME OF CEMETERY OR CREMATORY Darlington S.C.		24D. LOCATION (City, town, or county) (State)	
DATE RECEIVED BY LOCAL REGISTRAR APR 7-1953	REGISTRAR'S SIGNATURE [Signature]	25. FUNERAL DIRECTOR Chas O Wilson		ADDRESS Huntington Williams, apt 504 2800 Brantley	

VS 151 N-903

MARGIN RESERVED FOR BINDING
PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians please write the causes of death clearly and legibly.

GENERAL STATE OF TEXAS

June 2-1930

Commissioner of the

State

Department of Health

med. Exam. case - Released to Hosp.
W-452

BALTIMORE CITY HEALTH DEPARTMENT

53 3440

BIRTH NO. 53 3440
51-16756

CERTIFICATE OF DEATH

Registered No.

A93537

1. NAME OF DECEASED (Type or Print) Deborah Williams		2. DATE OF DEATH APR 4 1953	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived, If institution: residence before admission) A. STATE Md. B. COUNTY	
B. FULL NAME OF HOSPITAL OR INSTITUTION JOHNS HOPKINS HOSPITAL		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore, 3-01	
D. STREET ADDRESS (If rural, give location) 128 S. Bond St.		5. SEX Female	
6. COLOR OR RACE colored		7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) S.	
8. DATE OF BIRTH July 24 1951		9. AGE (In years, last birthday) 1 and 6	
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10B. KIND OF BUSINESS OR INDUSTRY	
11. BIRTHPLACE (State or foreign country) Baltimore Md.		12. CITIZEN OF WHAT COUNTRY?	
13. FATHER'S NAME Roland Williams		14. MOTHER'S MAIDEN NAME Margie	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)		16. SOCIAL SECURITY NO.	
17. INFORMANT JOHNS HOPKINS HOSPITAL		ADDRESS	

18. 297.6 DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) Acute cardiac failure	CAUSE OF DEATH	INTERVAL BETWEEN ONSET AND DEATH
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. Sickle Cell Disease		
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		

19A. DATE OF OPERATION	19B. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
21A. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH	21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY	21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21F. HOW DID INJURY OCCUR?

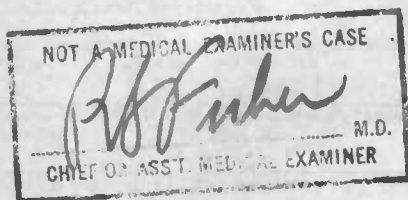
22. I hereby certify that I attended the deceased from **5-12-52 to 4-4**, 19**53** that I last saw the deceased alive on **4-4-1953** and that death occurred at **5 A. m.**, from the causes and on the date stated above.

23A. SIGNATURE **Henry M. Seidel** M. D. 23B. ADDRESS **JOHNS HOPKINS HOSPITAL** 23C. DATE SIGNED **4-4-53**

24A. BURIAL, CREMATION, REMOVAL (Specify) Burial	24B. DATE April 7 1953	24C. NAME OF CEMETERY OR CREMATORY Mt Calvary Cem.	24D. LOCATION (City, town, or county) (State) A. A. County Md.
DATE RECEIVED BY LOCAL REGISTRAR APR 7-1953	REGISTRAR'S SIGNATURE Huntington Williams, M.D.	25. FUNERAL DIRECTOR Mrs. Ethel G. Elliot & Daughter	

VS 150
To be approved by med. Exam **1129 N. Caroline St.**

MEDICAL CERTIFICATION



5-546
53 3441

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

53 3441

Registered No.

BIRTH NO.

1. NAME OF DECEASED (Type or Print) <i>Charles R. Semmler Jr.</i>		2. DATE OF DEATH <i>April - 4 - 1953</i>	
3. PLACE OF DEATH: A. Baltimore City, Maryland <i>2733 E. Chase St.</i>		4. USUAL RESIDENCE (Where deceased lived, if institution: residence before admission) A. STATE <i>MD.</i> B. COUNTY <i>MD.</i>	
B. FULL NAME OF INSTITUTION (If not in hospital or institution, give street address or location) <i>110</i>		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <i>Baltimore 8-03</i>	
C. Length of stay in Baltimore Yrs. <i>0</i> Mos. <i>0</i> Days <i>0</i>		D. STREET ADDRESS (If rural, give location) <i>2733 E. Chase St.</i>	
5. SEX <i>Male</i>	6. COLOR OR RACE <i>White</i>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <i>Married</i>	8. DATE OF BIRTH <i>April - 29 - 1888</i>
9. AGE (In years, last birthday) <i>64</i>	10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>Livery</i>	10B. KIND OF BUSINESS OR INDUSTRY <i>Self</i>	11. BIRTHPLACE (State or foreign country) <i>Baltimore MD</i>
12. CITIZEN OF WHAT COUNTRY? <i>Self</i>	13. FATHER'S NAME <i>Charles R. Semmler Jr.</i>	14. MOTHER'S MAIDEN NAME <i>May Sulphaus</i>	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)	16. SOCIAL SECURITY NO. <i>215-03-8399</i>	17. INFORMANT <i>Anna Semmler - 2733 E. Chase St</i>	

18. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) <i>260X</i>	CAUSE OF DEATH (A) <i>Bilateral Bronchopneumonia</i> DUE TO (B) <i>Diabetes mellitus</i> DUE TO (C) <i>Hypertensive C.V. d.</i>	INTERVAL BETWEEN ONSET AND DEATH <i>4 days</i> <i>9 yrs.</i> <i>9 yrs.</i>
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. <i>II</i>	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. <i>Hemiplegia (Left)</i>	<i>4 yrs.</i>

19A. DATE OF OPERATION <i>0</i>	19B. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH <input type="checkbox"/>	21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY	21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from *3/31*, 1953, to *4/4*, 1953, that I last saw the deceased alive on *4/3*, 1953, and that death occurred at *3 P. m.*, from the causes and on the date stated above.

23A. SIGNATURE <i>S. Karl Grossman</i>	23B. ADDRESS <i>1212 N. Patterson Pl. N.</i>	23C. DATE SIGNED <i>4/7/53</i>
24A. BURIAL, CREMATION, REMOVAL (Specify) <i>Burial</i>	24B. DATE <i>4-8-1953</i>	24C. NAME OF CEMETERY OR CREMATORY <i>Baltimore Cemetery North Ave. Balt. Md.</i>
24D. LOCATION (City, town, or county) (State) <i>Baltimore, Md.</i>	25. FUNERAL DIRECTOR <i>John C. Miller Inc. - 2725 E. Olney St</i>	ADDRESS
DATE RECEIVED BY LOCAL REGISTRAR <i>PR 7-1953</i>	REGISTRAR'S SIGNATURE <i>Huntington Williams</i>	
VS 150	<i>29064</i>	

MEDICAL CERTIFICATION

1941 28

THE STATE OF NEW YORK

CERTIFICATE OF DEATH

County of

Town of

Ward of

Block of

Street of

City of

State of

Decedent

Age

Sex

Color

Marital Status

Occupation

Education

Religion

Place of Birth

Date of Birth

Place of Death

Time of Death

Cause of Death

Manner of Death

Signature of Physician

Signature of Coroner

Signature of Registrar

Signature of Witness

Signature of Minister

Signature of Justice

Signature of Judge

Signature of Mayor

Signature of Clerk

Signature of Sheriff

Signature of Constable

Signature of Justice of the Peace

Signature of Notary Public

Signature of County Clerk

Signature of State Clerk

Signature of Attorney General

Signature of Governor

Signature of Lieutenant Governor

Signature of Speaker of the Assembly

Signature of President of the Senate

Signature of Chief Justice of the Court of Appeals

Signature of Chief Justice of the Court of Sessions

Signature of Chief Justice of the Court of Common Pleas

Signature of Chief Justice of the Court of Chancery

363
53 3442

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

53 3442
Registered No.

1. NAME OF DECEASED (Type or Print) CHARLES EDWARDS.		2. DATE OF DEATH 5th April '53	
3. PLACE OF DEATH: A. Baltimore City, Maryland Baltimore		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Maryland. B. COUNTY	
B. FULL NAME OF HOSPITAL OR INSTITUTION Mercy Hospital		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore 5-01	
C. Length of stay in Baltimore 30 yrs		D. STREET ADDRESS (If rural, give location) 149 N. Exeter St. #2	
5. SEX M	6. COLOR OR RACE Colored	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) ? Married	8. DATE OF BIRTH 9th Aug 1890 62 yrs.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Labourer		10B. KIND OF BUSINESS OR INDUSTRY	9. AGE (In years last birthday) 62 yrs.
11. BIRTHPLACE (State or foreign country) ? S.C.		12. CITIZEN OF WHAT COUNTRY?	
13. FATHER'S NAME Jeff. Edwards		14. MOTHER'S MAIDEN NAME ?	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.	
17. INFORMANT Mary Gellis		ADDRESS 418 N. Exeter St	

18. 330X DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthma, etc. It means the disease, injury or complication which caused death.) Subarachnoid Haemorrhage		INTERVAL BETWEEN ONSET AND DEATH
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. (B) DUE TO (C)		
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		

19A. DATE OF OPERATION 0		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH <input type="checkbox"/>		21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from 4/4/1953 , to 5 April, 1953 , that I last saw the deceased alive on 4th April, 1953 , and that death occurred at 1:05 PM. , from the causes and on the date stated above.				
23A. SIGNATURE M. J. Quinn		23B. ADDRESS Mercy Hospital	23C. DATE SIGNED 5th April 53	
24A. BURIAL, CREMATION, REMOVAL (Specify) Burial	24B. DATE 4-7-53	24C. NAME OF CEMETERY OR CREMATORY Mt Calvary Cem A. A. Co. Md	24D. LOCATION (City, town, or county) (State)	
DATE RECEIVED BY LOCAL REGISTRAR APR 7 - 1953	REGISTRAR'S SIGNATURE Huntington Williams, M.D.	25. FUNERAL DIRECTOR Rayner Sanders		ADDRESS 97099 217 E. Preston St

STATE OF NEW YORK
DEPARTMENT OF HEALTH
BUREAU OF VITAL RECORDS
OFFICE OF THE REGISTRAR
ALBANY, N. Y.

DATE OF BIRTH

PLACE OF BIRTH
CITY AND COUNTY
STATE

DATE OF DEATH

PLACE OF DEATH
CITY AND COUNTY
STATE

DATE OF MARRIAGE

PLACE OF MARRIAGE
CITY AND COUNTY
STATE

DATE OF DIVORCE

PLACE OF DIVORCE
CITY AND COUNTY
STATE

DATE OF SEPARATION

PLACE OF SEPARATION
CITY AND COUNTY
STATE

DATE OF RECONCILIATION

PLACE OF RECONCILIATION
CITY AND COUNTY
STATE

DATE OF REMARRIAGE

PLACE OF REMARRIAGE
CITY AND COUNTY
STATE

DATE OF RESEPARATION

PLACE OF RESEPARATION
CITY AND COUNTY
STATE

DATE OF RECONCILIATION

PLACE OF RECONCILIATION
CITY AND COUNTY
STATE

343

53 3443
BIRTH NO.BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 53 3443

1. NAME OF DECEASED (Type or Print) <i>Morris R Edlavitch</i>			2. DATE OF DEATH <i>5 Apr 53</i>		
3. PLACE OF DEATH: A. Baltimore City, Maryland <i>Union Memorial</i>			4. USUAL RESIDENCE (Where deceased lived, if institution; residence before admission) A. STATE <i>Maryland</i> B. COUNTY <i>Baltimore</i>		
B. FULL NAME OF HOSPITAL OR INSTITUTION <i>Union Memorial Hosp</i>			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <i>Baltimore md 15-05</i>		
D. STREET ADDRESS (If rural, give location) <i>2313 Wichita ave</i>					
5. LENGTH OF STAY IN BALTIMORE <i>55 yrs</i>			Yrs. Mos. Days		
5. SEX <i>M</i>	6. COLOR OR RACE <i>W</i>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <i>Single</i>	8. DATE OF BIRTH <i>June 18, 1885</i>		9. AGE (In years last birthday) <i>67</i>
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>Retired</i>			10B. KIND OF BUSINESS OR INDUSTRY <i>Pests Mfg.</i>		11. BIRTHPLACE (State or foreign country) <i>Lithuania</i>
12. CITIZEN OF WHAT COUNTRY? <i>US A</i>			13. FATHER'S NAME <i>Herman S Edlavitch</i>		
14. MOTHER'S MAIDEN NAME <i>Sarah Fisher</i>			15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)		
16. SOCIAL SECURITY NO.			17. INFORMANT <i>Miss Anna Edlavitch</i>		
ADDRESS <i>2313</i>					

18. <i>153 X</i>	CAUSE OF DEATH		INTERVAL BETWEEN ONSET AND DEATH
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)	(A) <i>Coronary occlusion</i>	<i>2 hr</i>	
ANTECEDENT CAUSES	(B) <i>Arthrosclerosis, General</i>		
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.	(C)		
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.			

19A. DATE OF OPERATION <i>31 March 53</i>	19B. MAJOR FINDINGS OF OPERATION <i>Carcinoma of Colon</i>	20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)	21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY	21E. INJURY OCCURRED WHILE AT <input type="checkbox"/> WORK NOT WHILE AT WORK <input type="checkbox"/>	21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from *31 MAR., 1953*, to *5 Apr., 1953*, that I last saw the deceased alive on *5 Apr., 1953*, and that death occurred at *4:55 A.M.*, from the causes and on the date stated above.

23A. SIGNATURE <i>Robert B. Caraway Jr.</i>	23B. ADDRESS <i>Union Memorial Hosp</i>	23C. DATE SIGNED <i>5 Apr 53</i>
24A. BURIAL, CREMATION, REMOVAL (Specify) <i>Burial</i>	24B. DATE <i>April 8/53</i>	24C. NAME OF CEMETERY OR CREMATORY <i>Wickles Rodless Cmty</i>
24D. LOCATION (City, town, or county) (State) <i>Bowleys Lane Haring Run</i>	25. FUNERAL DIRECTOR <i>Sal Swinson + Bros North ave</i>	
DATE RECEIVED BY LOCAL REGISTRAR	REGISTRAR'S SIGNATURE <i>Huntington Williams, M.D.</i>	ADDRESS <i>126 W.</i>

29046

2248

RECEIVED

RECEIVED
JAN 10 1964
U.S. DEPT. OF JUSTICE
FEDERAL BUREAU OF INVESTIGATION
WASHINGTON, D.C.

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 53 3444

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Nathan Goldstein

2. DATE
OF
DEATH

April 7, 1953

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF
HOSPITAL OR
INSTITUTION (If not in hospital or institution, give street address or location)

3530 Reisterstown Rd.

Yrs.
Mos.
Days

Length of stay in Baltimore

60 yrs.

5. SEX

Male

6. COLOR OR RACE

White

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

Widow

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE

B. COUNTY

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Baltimore 15-12

D. STREET ADDRESS (If rural, give location)

3530 Reisterstown Road

5. SEX

Male

6. COLOR OR RACE

White

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

Widow

8. DATE OF BIRTH

1860

9. AGE (in years
last birthday)

92

10. Under 1 Year
Months: Days11. Under 24 Hours
Hours: Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

Retired - Proprietor

10B. KIND OF BUSINESS OR
INDUSTRY

Shoe Store

13. FATHER'S NAME

Liebel Goldstein

11. BIRTHPLACE (State or foreign country)

Russia

12. CITIZEN OF
WHAT COUNTRY?

USA

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)16. SOCIAL
SECURITY NO.

17. INFORMANT

ADDRESS

Mrs. Arthur Stytzer - 3530 Reisterstown Road

18. 705.5

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A) Exfoliative dermatitis

2 1/2 years

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B) Hypostatic pneumonia

3 days

(C)

II
OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

Arterio-sclerosis

25 years

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR? (If in Baltimore City, give exact location)21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

WHILE AT ☐ NOT WHILE ☐
WORK AT WORK

22. I hereby certify that I attended the deceased from June, 1946, to April 7, 1953, that I last saw the deceased alive on 4/6, 1953, and that death occurred at 4:30 a.m., from the causes and on the date stated above.

23A. SIGNATURE

M. D.

23B. ADDRESS

23C. DATE SIGNED

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county) (State)

Burial

April 8/5

Hebrew Friendship

Baltimore, Maryland

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

4/7-1953

Therese M. Goldstein

Sol. Johnson & Bros

- 1124-2620

100

100

1790-1800

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH53 3445
Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

JOSEPH A. SPINNATO

2. DATE
OF
DEATH

4/4/53

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived, If institution: residence

A. STATE

B. COUNTY

before admission)

Maryland

C. CITY OR TOWN

(If outside corporate limits, write RURAL and give township)

Baltimore

D. STREET ADDRESS (If rural, give location)

4002 Century Ave

27-34

c. Length of stay in Baltimore

Yrs.
Mos.
Days

5. SEX

Male

6. COLOR OR RACE

White

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

Widowed

8. DATE OF BIRTH

July 22 1905

9. AGE (In years
last birthday)

47

If Under 1 Year
Months: Days

8

12

If Under 24 Hours
Hours: Min.

Hours: Min.

10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

Supervisor

10B. KIND OF BUSINESS OR
INDUSTRY

M.R.Div. Westing house

11. BIRTHPLACE (State or foreign country)

Baltimore

12. CITIZEN OF
WHAT COUNTRY?

13. FATHER'S NAME

Nicola Spinnato

ELCC. EPT. (M)

14. MOTHER'S MAIDEN NAME

Maria Masciuri

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown)

(If yes, give war or dates of service)

16. SOCIAL
SECURITY NO.

159-09-4526

17. INFORMANT

ADDRESS

Charles C. Spinnato 218 S. High St.

18.

E976X-1

CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g.,
heart failure, asthma, etc. It means the disease,
injury or complication which caused death.)

(A)

GUNSHOT WOUND OF

DUE TO

BRAIN

ANTECEDENT CAUSES

(B)

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

DUE TO

(C)

INTERVAL BETWEEN
ONSET AND DEATHII
OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☒ NO ☐21A. EXTERNAL CAUSE WAS
UNDERLYING ☒ OR CONTRIB-
UTING ☐ CAUSE OF DEATH.21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)

home

21C. WHERE DID
INJURY OCCUR? (If in Baltimore City, give exact location)

4002 Century Ave

21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

4 4 53 11:00 a.m.

21E. INJURY OCCURRED
WHILE AT ☐ WORK NOT WHILE ☒ AT WORK

21F. HOW DID INJURY OCCUR?

Shot self in head

22. I certify that I took charge of the remains described above, held an _____ thereon and from _____
Autopsy, Inspection or Inquiry
the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above,
and death in my opinion resulted from: natural causes ☐, accident ☐, suicide ☒, homicide ☐, undetermined ☐.

23A. SIGNATURE

R. Fisher

M.D.

23B. CHIEF MEDICAL EXAMINER... ☒MEDICAL ASSISTANT EXAMINER... ☐

23C. DATE SIGNED

4/5/53

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

Burial

24B. DATE

April 8 1953

24C. NAME OF CEMETERY OR CREMATORY

Holy Redeemer Cemetery

24D. LOCATION (City, town, or county)

4430 Belair Rd. Balt. md

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

Huntington Williams, M.D.

25. FUNERAL DIRECTOR

Frank Della Croce

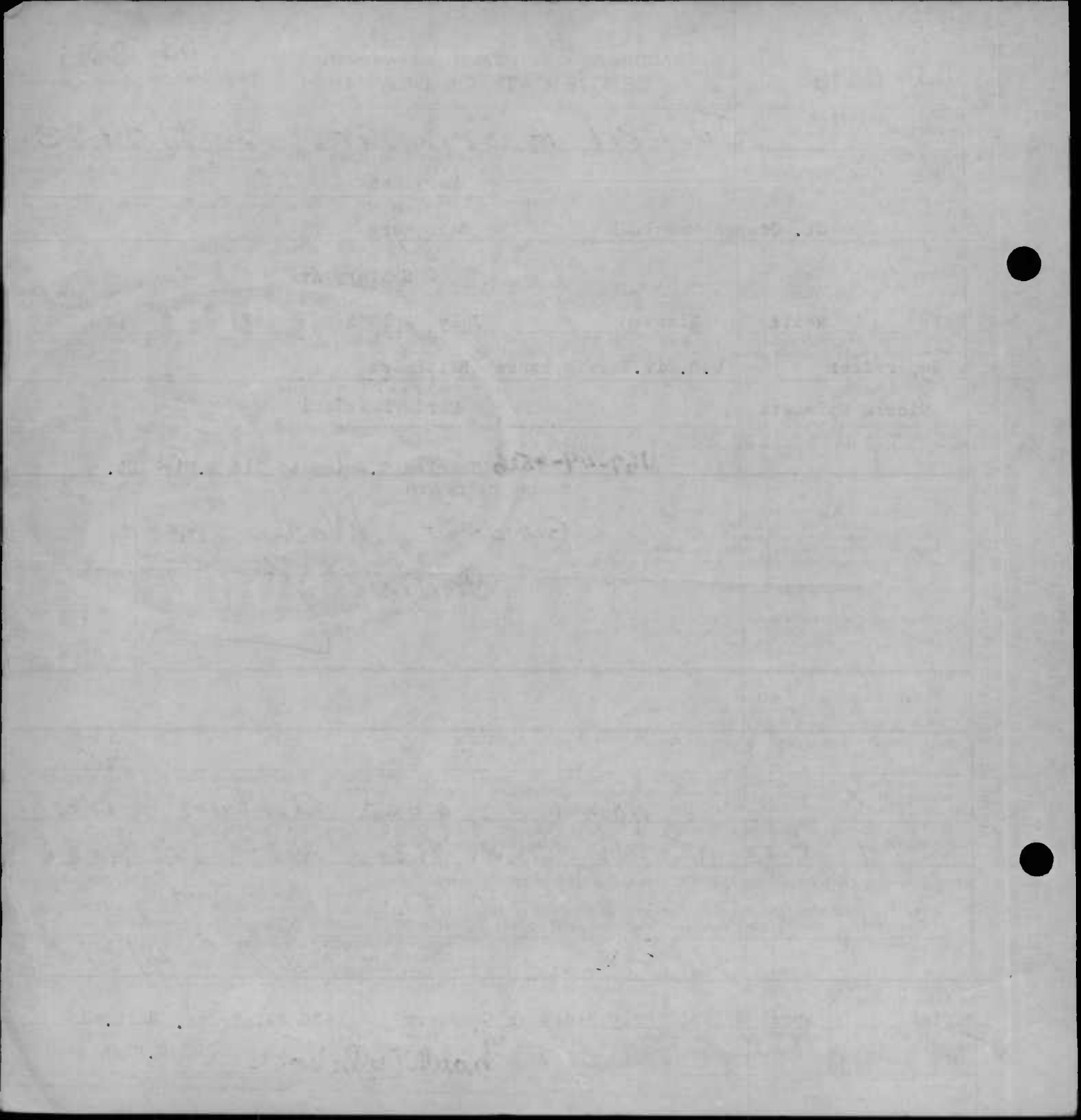
ADDRESS

322 S. High St

VS-151

N-803.4

2903M



53 3446

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH53 3446
Registered No.

BIRTH NO.

1. NAME OF DECEASED (Type or Print) Rose Salconi		2. DATE OF DEATH April 5th 1953	
3. PLACE OF DEATH: A. Baltimore City, Maryland 4700 Harford Rd.		4. USUAL RESIDENCE (Where deceased lived, If institution: residence before admission) A. STATE Maryland B. COUNTY Baltimore	
B. FULL NAME OF HOSPITAL OR INSTITUTION Harford Convalescent Home		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) 3-02	
C. Length of stay in Baltimore 35 Yrs.		D. STREET ADDRESS (If rural, give location) 911 Stiles St.	
5. SEX Female	6. COLOR OR RACE White	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH Nov. 9 1875
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10B. KIND OF BUSINESS OR INDUSTRY home	9. AGE (In years last birthday) 77
13. FATHER'S NAME Giovanni B. Stefania		11. BIRTHPLACE (State or foreign country) Vico Garganico- Italy	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) no		12. CITIZEN OF WHAT COUNTRY? Italy	
16. SOCIAL SECURITY NO.		14. MOTHER'S MAIDEN NAME Angela ?	
17. INFORMANT Antonetta Di Rocco		ADDRESS 1515 Sheffield Rd	
18. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) Coronary Arteriosclerosis - Bronchitis - Pneumonia		INTERVAL BETWEEN ONSET AND DEATH 8 hours	
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. Arteriosclerosis - Bronchitis		unknown	
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. Cerebral Hemorrhage		4 days	
19A. DATE OF OPERATION 0		19B. MAJOR FINDINGS OF OPERATION	
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)	21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY	21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from Oct. 29, 1952 to April 5, 1953 , that I last saw the deceased alive on April 5, 1953 , and that death occurred at 6:30 p.m. , from the causes and on the date stated above.			
23A. SIGNATURE Philbert Artigiani	23B. ADDRESS 294 2 E. Fayette St.	23C. DATE SIGNED 4/7/53	
24A. BURIAL, CREMATION, REMOVAL (Specify) Burial	24B. DATE April 9 1953	24C. NAME OF CEMETERY OR CREMATORY Holy Redeemer Cemetery	24D. LOCATION (City, town, or county) (State) 4430 Belair Rd.
DATE RECEIVED BY LOCAL REGISTRAR APR 7 - 1953	REGISTRAR'S SIGNATURE Thurston Williams, M.D.	FUNERAL DIRECTOR Frank Dello Luce ADDRESS 322 S. High St.	

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)IRMA (STALEY) *Stahle*2. DATE
OF
DEATH

APRIL 5, 1953

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR
INSTITUTION

SOUTH BALTIMORE GENERAL HOSPITAL

C. Length of stay in Baltimore

Yrs.
Mos.
Days

5. SEX

FEMALE

6. COLOR OR RACE

WHITE

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

Married

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE

B. COUNTY

C. CITY OR TOWN

(If outside corporate limits, write RURAL and give township)

D. STREET ADDRESS (If rural, give location)

511 N. Montford Ave

8. DATE OF BIRTH

Oct. 17-1898

9. AGE (In years last birthday)

34

If Under 1 Year
Months: DaysIf Under 24 Hours
Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Housewife

10B. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country)

Balt. Md.

12. CITIZEN OF
WHAT COUNTRY?

13. FATHER'S NAME

George Pletz

14. MOTHER'S MAIDEN NAME

Not Known

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)16. SOCIAL
SECURITY NO.

17. INFORMANT

ADDRESS

Irm. Stahle, 511 N. Montford Ave.

18. 443 X I

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH

(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

HYPERTENSIVE CARDIO-VASCULAR

(A) DISEASE

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B)

DUE TO

(C)

II

OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

NONE

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH21B. PLACE OF INJURY (e.g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR? (If in Baltimore City, give exact location)21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

m.

WHILE AT
WORK ☐NOT WHILE
AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from APRIL 5, 1953, to APRIL 5, 1953, that I last saw the deceased alive on APRIL 5, 1953, and that death occurred at 11:59 P. m., from the causes and on the date stated above.

23A. SIGNATURE

W. McConway

M. O.

23B. ADDRESS

South Baltimore General Hosp.

23C. DATE SIGNED

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

Burial

24B. DATE

April 9-53

24C. NAME OF CEMETERY OR CREMATORY

Western Cemetery

24D. LOCATION (City, town, or county)

Balt. Md.

(State)

DATE RECEIVED BY
LOCAL REGISTRAR

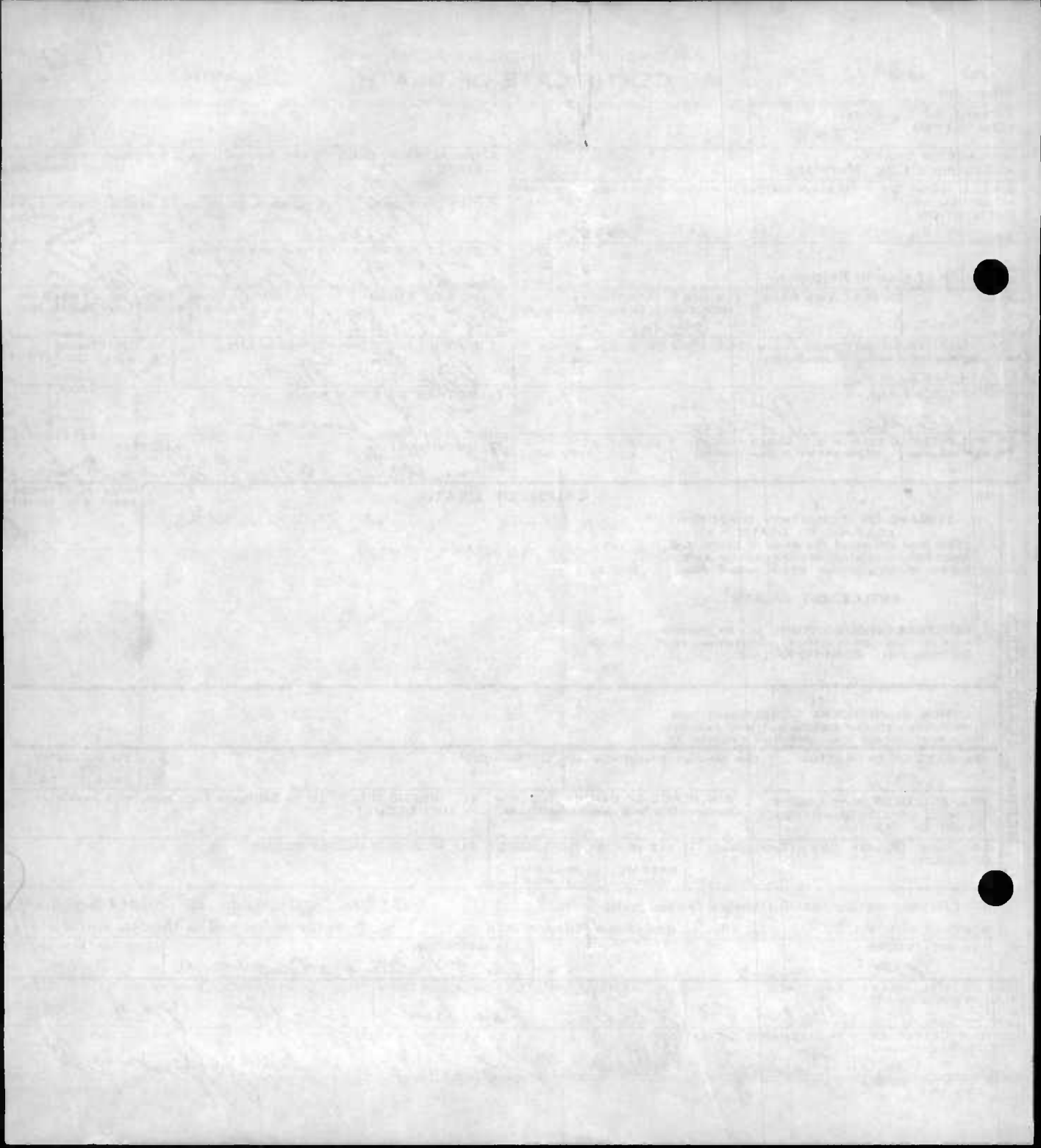
REGISTRAR'S SIGNATURE

Huntington Williams, M.D.

25. FUNERAL DIRECTOR

John R. Miller 2334 Jefferson St.

ADDRESS



**BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH**

53 3448
Registered No. _____

53 3448
BIRTH NO. _____

1. NAME OF DECEASED
(Type or Print)

Rosalie Allen

2. DATE
OF
DEATH

April 7 1953

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location)

JOHNS HOPKINS HOSPITAL

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE

Florida

B. COUNTY

V-08

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Fernandina

D. STREET ADDRESS (If rural, give location)

Box 199

Length of stay in Baltimore

5. SEX

Female

6. COLOR OR RACE

White

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)

Married

8. DATE OF BIRTH

2-14-1908

9. AGE (In years last birthday)

45

If Under 1 Year Months: Days

If Under 24 Hours Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Housewife

10B. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country)

Georgia

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME

John Keen

14. MOTHER'S MAIDEN NAME

Roslea Goins

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)

16. SOCIAL SECURITY NO.

17. INFORMANT ADDRESS

JOHNS HOPKINS HOSPITAL

18. *456 X 1*
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

CAUSE OF DEATH

? Disseminated lupus erythematosus 8mo

INTERVAL BETWEEN ONSET AND DEATH

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B)

DUE TO

(C)

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☒ NO ☐

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

WHILE AT ☐ WORK NOT WHILE ☐ AT WORK

22. I hereby certify that I attended the deceased from *3-17*, 19*53*, to *4-7*, 19*53*, that I last saw the deceased alive on *4-7*, 19*53* and that death occurred at *1:20 A.* m., from the causes and on the date stated above.

23A. SIGNATURE

23B. ADDRESS

23C. DATE SIGNED

Thomas Franklin Williams, M. D.

JOHNS HOPKINS HOSPITAL

4/7/53

24A. BURIAL, CREMATION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county) (State)

Removal

4/7/53

Horse Stamp Cemetery

Haverly, Georgia

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

Wm. Cook, Inc., 1212 E. Paul St.

DAKOTA CITY HEALTH DEPARTMENT
 CERTIFICATE OF DEATH

NAME OF DECEASED _____		SEX _____		AGE _____	
DATE OF BIRTH _____		PLACE OF BIRTH _____		OCCUPATION _____	
DATE OF DEATH _____		PLACE OF DEATH _____		CAUSE OF DEATH _____	
TIME OF DEATH _____		NAME OF PHYSICIAN _____		SIGNATURE OF PHYSICIAN _____	
NAME OF FUNERAL HOME _____		ADDRESS OF FUNERAL HOME _____		SIGNATURE OF FUNERAL HOME _____	
NAME OF NEXT OF KIN _____		ADDRESS OF NEXT OF KIN _____		SIGNATURE OF NEXT OF KIN _____	
NAME OF WITNESS _____		ADDRESS OF WITNESS _____		SIGNATURE OF WITNESS _____	
NAME OF REGISTRAR _____		ADDRESS OF REGISTRAR _____		SIGNATURE OF REGISTRAR _____	

432

53 3449

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH53 3449
Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Johanna M. Hiltz

2. DATE
OF
DEATH April 6, 1953

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE Maryland B. COUNTY Anne Arundel

5. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR Colonial Nursing Home
INSTITUTION 4506 Sorrento RoadC. CITY OR TOWN (If outside corporate limits, write RURAL and give township)
Glen Burnie 5200

6. Length of stay in Baltimore

Yrs.
Mos.
Days

D. STREET ADDRESS (If rural, give location)

Route 1, Box 203

5. SEX

female

6. COLOR OR RACE

white

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)
married

8. DATE OF BIRTH

May 20, 1869

9. AGE (In years
last birthday)

63

10. Under 1 Year
Months Days
11. Under 24 Hours
Hours Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

housewife

10B. KIND OF BUSINESS OR
INDUSTRY

own home

11. BIRTHPLACE (State or foreign country)

Baltimore, Maryland

12. CITIZEN OF
WHAT COUNTRY?

13. FATHER'S NAME

John Kaspar

14. MOTHER'S MAIDEN NAME

Marie Viscocil

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown)

(If yes, give war or dates of service)

16. SOCIAL
SECURITY NO.

17. INFORMANT

ADDRESS

George C. Hiltz, Glen Burnie, Maryland

18. 260x

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g.,
heart failure, asthma, etc. It means the disease,
injury or complication which caused death.)

(A) DUE TO

Coronary Thrombosis

Immediate

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.(B) DUE TO
(C)Degenerative Cardiac Disease
Diabetic Mellitus10 yrs.
10 yrs.II
OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

Osteitis Medea

3 months

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR? (If in Baltimore City, give exact location)21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

WHILE AT ☐ NOT WHILE ☐
WORK AT WORK22. I hereby certify that I attended the deceased from Dec. 26, 1952 to April 6, 1953 that I last saw the
deceased alive on 4/6, 1953, and that death occurred at 6:00 P.m., from the causes and on the date stated above.

23A. SIGNATURE

J. Brady Smith

M. D.

23B. ADDRESS

Riviera Beach, Md.

23C. DATE SIGNED

4/7/53

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

burial

24B. DATE

4/10/53

24C. NAME OF CEMETERY OR CREMATORY

Lorraine Park Mausoleum

24D. LOCATION (City, town, or county)

Woodlawn,

(State)

Maryland

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

Huntington Williams, M.D.

25. FUNERAL DIRECTOR

Wm. Cook, Inc.

ADDRESS

1217 St. Paul Street

UNITED STATES DEPARTMENT OF HEALTH
CENTRAL BUREAU OF VITAL STATISTICS
STATE OF NEW YORK
DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

1. NAME OF DECEASED		2. SEX		3. AGE		4. DATE OF DEATH	
5. PLACE OF BIRTH		6. OCCUPATION		7. CAUSE OF DEATH		8. MANNER OF DEATH	
9. PLACE OF DEATH		10. SIGNATURE OF PHYSICIAN		11. SIGNATURE OF REGISTRAR		12. SIGNATURE OF WITNESSES	
13. PLACE OF INTERMENT		14. NAME OF CEMETERY		15. NAME OF MINISTER		16. NAME OF CLERGYMAN	
17. NAME OF FUNERAL HOME		18. NAME OF UNDERTAKER		19. NAME OF BURIAL PLACE		20. NAME OF INTERMENT	
21. NAME OF CREMATOR		22. NAME OF CREMATION		23. NAME OF CREMATION		24. NAME OF CREMATION	
25. NAME OF CREMATION		26. NAME OF CREMATION		27. NAME OF CREMATION		28. NAME OF CREMATION	
29. NAME OF CREMATION		30. NAME OF CREMATION		31. NAME OF CREMATION		32. NAME OF CREMATION	
33. NAME OF CREMATION		34. NAME OF CREMATION		35. NAME OF CREMATION		36. NAME OF CREMATION	
37. NAME OF CREMATION		38. NAME OF CREMATION		39. NAME OF CREMATION		40. NAME OF CREMATION	
41. NAME OF CREMATION		42. NAME OF CREMATION		43. NAME OF CREMATION		44. NAME OF CREMATION	
45. NAME OF CREMATION		46. NAME OF CREMATION		47. NAME OF CREMATION		48. NAME OF CREMATION	
49. NAME OF CREMATION		50. NAME OF CREMATION		51. NAME OF CREMATION		52. NAME OF CREMATION	
53. NAME OF CREMATION		54. NAME OF CREMATION		55. NAME OF CREMATION		56. NAME OF CREMATION	
57. NAME OF CREMATION		58. NAME OF CREMATION		59. NAME OF CREMATION		60. NAME OF CREMATION	
61. NAME OF CREMATION		62. NAME OF CREMATION		63. NAME OF CREMATION		64. NAME OF CREMATION	
65. NAME OF CREMATION		66. NAME OF CREMATION		67. NAME OF CREMATION		68. NAME OF CREMATION	
69. NAME OF CREMATION		70. NAME OF CREMATION		71. NAME OF CREMATION		72. NAME OF CREMATION	
73. NAME OF CREMATION		74. NAME OF CREMATION		75. NAME OF CREMATION		76. NAME OF CREMATION	
77. NAME OF CREMATION		78. NAME OF CREMATION		79. NAME OF CREMATION		80. NAME OF CREMATION	
81. NAME OF CREMATION		82. NAME OF CREMATION		83. NAME OF CREMATION		84. NAME OF CREMATION	
85. NAME OF CREMATION		86. NAME OF CREMATION		87. NAME OF CREMATION		88. NAME OF CREMATION	
89. NAME OF CREMATION		90. NAME OF CREMATION		91. NAME OF CREMATION		92. NAME OF CREMATION	
93. NAME OF CREMATION		94. NAME OF CREMATION		95. NAME OF CREMATION		96. NAME OF CREMATION	
97. NAME OF CREMATION		98. NAME OF CREMATION		99. NAME OF CREMATION		100. NAME OF CREMATION	

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH53 3450
Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

HENRY BURRELL

2. DATE
OF
DEATH

4/5/53

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE

B. COUNTY

5. FULL NAME OF
HOSPITAL OR
INSTITUTION (not in hospital or institution, give street address or location)

410 N. Parrish St.

C. CITY OR TOWN

(If outside corporate limits, write RURAL and give township)

D. STREET ADDRESS (If rural, give location)

410 N. Parrish St.

c. Length of stay in Baltimore

Yrs.
Mos.
Days

5. SEX

6. COLOR OR RACE

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

8. DATE OF BIRTH

9. AGE (in years
last birthday)If Under 1 Year
Months: Days
If Under 24 Hours
Hours: Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

Laborer

10B. KIND OF BUSINESS OR
INDUSTRY

11. BIRTHPLACE (State or foreign country)

Pa.

12. CITIZEN OF
WHAT COUNTRY?

U.S.A.

13. FATHER'S NAME

Robert Burrell

14. MOTHER'S MAIDEN NAME

Josephine Lockley

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)

No

16. SOCIAL
SECURITY NO.

17. INFORMANT

ADDRESS

Lottie Burrell 410 N. Parrish St.

18. 420.0 and 153X

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g.,
heart failure, asphyxia, etc. It means the disease,
injury or complication which caused death.)

(A)

ARTERIOSCLEROTIC Heart
Disease

DUE TO

ANTECEDENT CAUSES

(B)

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

DUE TO

(C)

II
OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

Carcinoma of Cecum

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☒ NO ☐21A. EXTERNAL CAUSE WAS
UNDERLYING ☐ OR CONTRIB-
UTING ☐ CAUSE OF DEATH.21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR? (If in Baltimore City, give exact location)21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

WHILE AT ☐ NOT WHILE
WORK AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I certify that I took charge of the remains described above, held an Autopsy thereon and from
the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above,
and death in my opinion resulted from: natural causes ☒ accident ☐ suicide ☐ homicide ☐ undetermined ☐.

23A. SIGNATURE

R. F. Fisher

23B. CHIEF MEDICAL EXAMINER.....
ASSISTANT MEDICAL EXAMINER.....
MEDICAL INVESTIGATOR.....

23C. DATE SIGNED

4/5/53

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county)

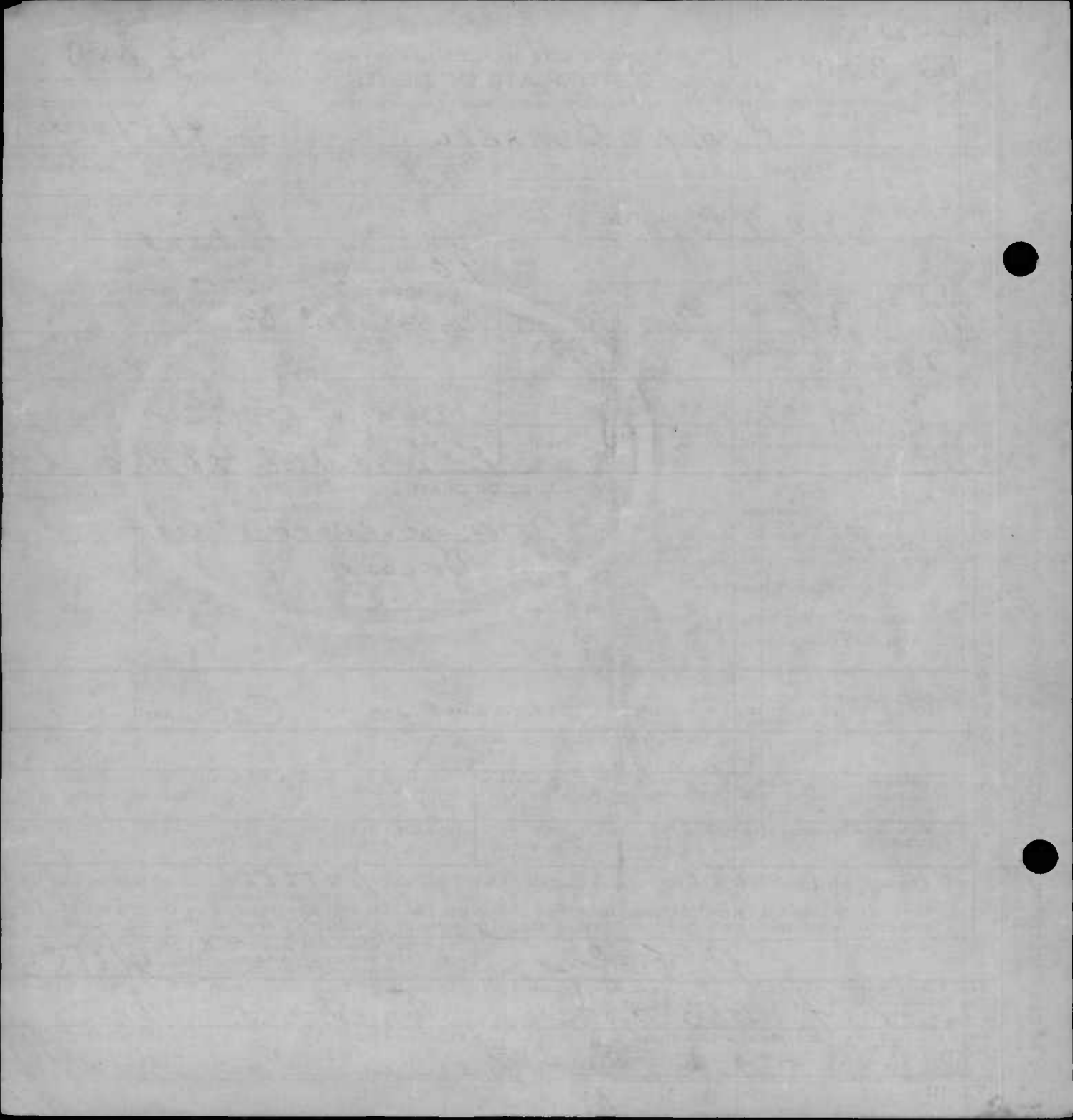
(State)

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS



BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. _____

53 3451
BIRTH NO.1. NAME OF DECEASED
(Type or Print) *William F Moeller*2. DATE OF DEATH *April 7-1953*3. PLACE OF DEATH:
A. Baltimore City, Maryland4. USUAL RESIDENCE (Where deceased lived, If institution: residence before admission)
A. STATE *MD* B. COUNTY _____B. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR INSTITUTION *Mercy Host*C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)
Balt *27-09*C. Length of stay in Baltimore
Yrs. _____
Mos. _____
Days _____D. STREET ADDRESS (If rural, give location)
*1546 Northwick Rd*5. SEX *M*6. COLOR OR RACE *W*7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)
*Married*8. DATE OF BIRTH *1905*9. AGE (In years last birthday) *48* 10. Under 1 Year Months: Days _____ 11. Under 24 Hours Hours: Min. _____10A. USUAL OCCUPATION (Give kind of work done most of working life, even if retired)
*Secretary*10B. KIND OF BUSINESS OR INDUSTRY
*Steel Industry*11. BIRTHPLACE (State or foreign country) *Balt Md*

12. CITIZEN OF WHAT COUNTRY? _____

13. FATHER'S NAME
*John Moeller*14. MOTHER'S MAIDEN NAME
*Maupul O'Boyle*15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) *No*

16. SOCIAL SECURITY NO. _____

17. INFORMANT ADDRESS *1576 Northwick Rd*18. *444X* I DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

CAUSE OF DEATH

INTERVAL BETWEEN ONSET AND DEATH _____

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(A) *Acute Coronary Thrombosis*
DUE TO
(B) *Idiopathic Hypertension*
DUE TO
(C) _____

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION _____

19B. MAJOR FINDINGS OF OPERATION _____

20. AUTOPSY? YES ☐ NO ☒21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH

21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) _____

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location) _____

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY _____

21E. INJURY OCCURRED WHILE AT ☐ WORK NOT WHILE ☐ AT WORK

21F. HOW DID INJURY OCCUR? _____

22. I hereby certify that I attended the deceased from *Feb 1947*, to *June 7 death*, that I last saw the deceased alive on *Jan*, 19*52*, and that death occurred at *6:15 a.m.*, from the causes and on the date stated above.23A. SIGNATURE *E. J. O'Boyle*23B. ADDRESS *705 Medical Art Bldg*23C. DATE SIGNED *Apr 17-53*24A. BURIAL, CREMATION, REMOVAL (Specify)
*Buried*24B. DATE *4-10-53*24C. NAME OF CEMETERY OR CREMATORY *Cathedral*24D. LOCATION (City, town, or county) (State) *Balt Md*DATE RECEIVED BY LOCAL REGISTRAR *APR 7-1953*REGISTRAR'S SIGNATURE *Huntington Williams*25. FUNERAL DIRECTOR *Frank*ADDRESS *305 Hayford Rd.*

CERTIFICATE OF DEATH

NO. 111, 112, 113

CERTIFICATE OF DEATH

STATE OF NEW YORK

COUNTY OF ...

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53 3452

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH53 3452
Registered No.

BIRTH NO.

1. NAME OF DECEASED (Type or Print) MARY ELLEN MORRIS		2. DATE OF DEATH April 5-53	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Maryland COUNTY Baltimore	
B. FULL NAME OF HOSPITAL OR INSTITUTION Provident Hospital & Free Dispensary		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore 13-03	
D. STREET ADDRESS (If rural, give location) 2423 FRANCIS ST. 17			
5. Length of stay in Baltimore 50 yrs.		Yrs. Mos. Days	
6. SEX Female	6. COLOR OR RACE ed	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) WIDOWED	8. DATE OF BIRTH JAN. 28 1889
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) House wife		10B. KIND OF BUSINESS OR INDUSTRY	9. AGE (In years last birthday) 64 yrs
11. BIRTHPLACE (State or foreign country) PRINCE GEORGIA CT. MD.		12. CITIZEN OF WHAT COUNTRY?	
13. FATHER'S NAME CHARLES HEPBURN		14. MOTHER'S MAIDEN NAME KATHERINE JACKSON	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.	
17. INFORMANT		ADDRESS	

18. **391.1**

CAUSE OF DEATH

INTERVAL BETWEEN ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)(A) **BRAIN ABSCESS**

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B) **CHRONIC OTITIS MEDIA (LEFT)**

DUE TO

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

(C) **ESSENTIAL HYPERTENSION**

19A. DATE OF OPERATION 0		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)		21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	

22. I hereby certify that I attended the deceased from **April 4**, 19**53**, to **April 5**, 19**53**, that I last saw the deceased alive on **April 5**, 19**53**, and that death occurred at **6:23** m., from the causes and on the date stated above.

23A. SIGNATURE Calvin L. Baugher	23B. ADDRESS 722 N. Fulton Ave	23C. DATE SIGNED 4/6/53
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24A. BURIAL, CREMATION, REMOVAL (Specify) Burial	24B. DATE April 9, 1953	24C. NAME OF CEMETERY OR CREMATORY New Cathedral	24D. LOCATION (City, town, or county) (State) Baltimore, Md.
DATE RECEIVED BY LOCAL REGISTRAR APR 7 1953		REGISTRAR'S SIGNATURE Huntington Williams, M.D.	25. FUNERAL DIRECTOR Joseph L. Russ, 2222 N. North Ave, Balt., Md.

Indygar
10000000

**BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH**

Registered No. **53 3453**

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

LESLIE S. MORTON

2. DATE
OF
DEATH

April 5, 1953

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR
INSTITUTION

5708 Loch Raven Blvd.

4. USUAL RESIDENCE (Where deceased lived, If institution: residence before admission)
A. STATE
B. COUNTY

Md.

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)
Baltimore

D. STREET ADDRESS (If rural, give location)

5708 Loch Raven Blvd.

C. Length of stay in Baltimore

Yrs.
Mos.
Days

5. SEX

male

6. COLOR OR RACE

white

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)
married

8. DATE OF BIRTH

July 5, 1887

9. AGE (In years,
last birthday)

65

11 Under 1 Year
Months: Days

11 Under 24 Hours
Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Ass't. Compt. Customs

10B. KIND OF BUSINESS OR INDUSTRY

U. S. Govt

11. BIRTHPLACE (State or foreign country)

Maryland

12. CITIZEN OF
WHAT COUNTRY?

13. FATHER'S NAME

Henry S. Morton

14. MOTHER'S MAIDEN NAME

Helen Levering

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)

no

16. SOCIAL
SECURITY NO.

no

17. INFORMANT

ADDRESS

Mrs. Peggy Morton-5708 Loch Raven Blvd.

18. **420.1**

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY
LEADING TO DEATH

(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A)

DUE TO

Angina Pectoris

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B)

DUE TO

Coronary arteriosclerosis

(C)

3 yrs.

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐

21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH

21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID
INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED
WHILE AT ☐ HOT WHILE ☐
WORK AT WORK

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from **1950**, 19, to **4/5/53**, 19, that I last saw the deceased alive on **4/3/53**, 19, and that death occurred at **3:15** p. m., from the causes and on the date stated above.

23A. SIGNATURE

23B. ADDRESS

23C. DATE SIGNED

M. D.

11 E. Chan St.

4/7/53

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

Burial

24B. DATE

4/8/53

24C. NAME OF CEMETERY OR CREMATORY

Loudon Park Cem.

24D. LOCATION (City, town, or county)

Balto. Md.

(State)

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

Huntington Williams, M.D.

Wm. J. Dickner & Sons

250 91

Balto 17, Md.

MEDICAL CERTIFICATION

UNITED STATES DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT



10/27/77

10/27/77

10/27/77

10/27/77

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10/27/77

520
53 3454BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH53 3454
Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Ralph H. Jones

2. DATE OF DEATH
APR 6 1953

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location)

JOHNS HOPKINS HOSPITAL

4. USUAL RESIDENCE (Where deceased lived, If institution: residence before admission)

A. STATE

Md.

B. COUNTY

Cecil

C. CITY OR TOWN (If outside corporate limits, write RURAL, and give township)

Elkton

D. STREET ADDRESS (If rural, give location)

Rt. 3

5700

5. SEX

male

6. COLOR OR RACE

white

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)

II.

8. DATE OF BIRTH

6-12-97

9. AGE (In years last birthday)

55

10. Under 1 Year Months: Days 11. Under 24 Hours Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Farm laborer

10B. KIND OF BUSINESS OR INDUSTRY

Farming

11. BIRTHPLACE (State or foreign country)

Penn

12. CITIZEN OF WHAT COUNTRY?

USA

13. FATHER'S NAME

no record

14. MOTHER'S MAIDEN NAME

no record

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)

(If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

218-038981

17. INFORMANT

ADDRESS

JOHNS HOPKINS HOSPITAL

18. 167X

CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) DUE TO

Ca lung c metastases

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B) DUE TO
(C)II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

INTERVAL BETWEEN ONSET AND DEATH

19A. DATE OF OPERATION

none

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☒ NO ☐

21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED

WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 2-24-1953 to 4-6-1953, that I last saw the deceased alive on 4-6-1953, and that death occurred at 6A m., from the causes and on the date stated above.

23A. SIGNATURE

B. Noland Carter II

M. D.

23B. ADDRESS

JOHNS HOPKINS HOSPITAL

23C. DATE SIGNED

4-6-53

24A. BURIAL, CREMATION, REMOVAL (Specify)

24B. DATE

4-10-1953

24C. NAME OF CEMETERY OR CREMATORY

Methodist

24D. LOCATION (City, town, or county)

Cherry Hill, Cecil Co, Md

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

Huntington Williams, M.D. Joseph P. Liant North East Md

25. FUNERAL DIRECTOR

ADDRESS

CERTIFICATE OF DEATH

Ca lung cancer

Donald G. [unclear]

8-13

**BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH**

Registered No. _____

BIRTH NO. _____

1. NAME OF DECEASED
(Type or Print)

Mammie Thomas

2. DATE OF DEATH

April 6, 1953

3. PLACE OF DEATH:
A. Baltimore City, Maryland

B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location)

JOHNS HOPKINS HOSPITAL

4. USUAL RESIDENCE (Where deceased lived. If institution, residence before admission)
A. STATE

md.

B. COUNTY

Dorchester

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Cambridge

D. STREET ADDRESS (If rural, give location)

Route #3

5900

Length of stay in Baltimore

Yrs.
Mos.
Days

5. SEX

Female

6. COLOR OR RACE

White

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)

Widowed

8. DATE OF BIRTH

11-28-76

9. AGE (In years last birthday)

76

If Under 1 Year Months: Days: If Under 24 Hours Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Domestic

10B. KIND OF BUSINESS OR INDUSTRY

Home

11. BIRTHPLACE (State or foreign country)

md.

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME

?

14. MOTHER'S MAIDEN NAME

?

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)

16. SOCIAL SECURITY NO.

17. INFORMANT

ADDRESS

JOHNS HOPKINS HOSPITAL

18. *194X*

CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) DUE TO

Carcinoma of thyroid gland

INTERVAL BETWEEN ONSET AND DEATH

? 10 yr or 57 yr

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B) DUE TO
(C)

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

Arteriosclerotic cardiovascular disease

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☒ NO ☐

21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

WHILE AT WORK ☐ NOT WHILE AT WORK ☐

22. I hereby certify that I attended the deceased from *3-30*, 1953, to *4-6*, 1953, that I last saw the deceased alive on *4-6*, 1953, and that death occurred at *530 P.m.*, from the causes and on the date stated above.

22A. SIGNATURE

Thomas Franklin Williams

23A. ADDRESS

JOHNS HOPKINS HOSPITAL

23C. DATE SIGNED

4/7/53

24A. BURIAL, CREMATION, REMOVAL (Specify)

Burial

24B. DATE

4-12-53

24C. NAME OF CEMETERY OR CREMATORY

Spauldanes

24D. LOCATION (City, town, or county) (State)

Cambridge md

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

Huntington Williams, M.D.

25. FUNERAL DIRECTOR

ADDRESS

James J. Williams, 2502 Edmondson E

VS-150

MEDICAL CERTIFICATION

CERTIFICATE OF DEATH

CAUSE OF DEATH

1. Immediate Cause

2. Intermediate Cause

3. Remote Cause

4. Manner of Death

5. Place of Death

6. Date of Death

7. Time of Death

8. Age at Death

9. Sex

10. Race

11. Marital Status

12. Occupation

13. Education

14. Religion

15. Social Security Number

16. Date of Birth

17. Place of Birth

18. Date of Admission

19. Date of Discharge

20. Date of Death

21. Time of Death

22. Age at Death

23. Sex

24. Race

25. Marital Status

26. Occupation

27. Education

28. Religion

29. Social Security Number

30. Date of Birth

31. Place of Birth

32. Date of Admission

33. Date of Discharge

34. Date of Death

35. Time of Death

36. Age at Death

37. Sex

38. Race

39. Marital Status

40. Occupation

530
53 3456BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No.

53 3456

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Margaret Kent

2. DATE
OF
DEATH

Apr. 4, '53

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF
HOSPITAL OR
INSTITUTION (If not in hospital or institution, give street address or location)

JOHNS HOPKINS HOSPITAL

4. USUAL RESIDENCE (Where deceased lived, If institution: residence before admission)

A. STATE

B. COUNTY

C. CITY OR TOWN

(If outside corporate limits, write RURAL and give township)

D. STREET ADDRESS (If rural, give location)

208 Admiral Drive

5. SEX

Female

6. COLOR OR RACE

Negro

7. SINGLE, MARRIED,

WIDOWED, DIVORCED (Specify)

Divorced

8. DATE OF BIRTH

2-28-10

9. AGE (in years)

43

If Under 1 Year

Months: Days

If Under 24 Hours

Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Housewife

10B. KIND OF BUSINESS OR INDUSTRY

None

11. BIRTHPLACE (State or foreign country)

Ind.

12. CITIZEN OF
WHAT COUNTRY?

13. FATHER'S NAME

James Bradford

14. MOTHER'S MAIDEN NAME

Leaganna Ridgely

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes or No) (If yes, give war or dates of service)

No

16. SOCIAL
SECURITY NO.17. INFORMED BY
JOHNS HOPKINS HOSPITAL

18. 416X

DISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g.,
heart failure, asthma, etc. It means the disease,
injury or complication which caused death.)

CAUSE OF DEATH

Rheumatic heart disease

INTERVAL BETWEEN
ONSET AND DEATH

? 8 mo.

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B)

DUE TO

(C)

II
OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☒ NO ☐21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR? (If in Baltimore City, give exact location)21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

WHILE AT
WORK ☐NOT WHILE
AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Nov. 31, 1953 to Apr. 4, 1953, that I last saw the deceased alive on Apr. 4, 1953 and that death occurred at 10:15 m., from the causes and on the date stated above.

23A. SIGNATURE

Thomas Franklin Nathan

23B. ADDRESS

JOHNS HOPKINS HOSPITAL

23C. DATE SIGNED

4-5-53

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

Burial

24B. DATE

4-8-53

24C. NAME OF CEMETERY OR CREMATORY

John Wesley

24D. LOCATION (City, town, or county)

Baltimore, Md.

(State)

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

Huntington Williams

25. FUNERAL DIRECTOR

William Reese, 108 St. Washington

ADDRESS

Annapolis, Md.

WATERBURY CITY HALL, WATERBURY, CT.
CERTIFICATE OF BIRTH

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-423
53 3457BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 53 3457

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)*Storling E. Blacksten*2. DATE
OF
DEATH

4/7/1953

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR
INSTITUTION*St. Agnes Hospital*Yrs.
Mos.
Days

C. Length of stay in Baltimore

5. SEX

6. COLOR OR RACE

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

8. DATE OF BIRTH

9. AGE (in years
last birthday)11 Under 1 Year
Months: Days
11 Under 24 Hours
Hours: Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)*Steel Engineer*10B. KIND OF BUSINESS OR
INDUSTRY*electrical*

11. BIRTHPLACE (State or foreign country)

*Maryland*12. CITIZEN OF
WHAT COUNTRY?*U.S.*

13. FATHER'S NAME

Charles Blacksten

14. MOTHER'S MAIDEN NAME

*W. R. Ball*15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)*no*16. SOCIAL
SECURITY NO.*—*

17. INFORMANT

Hospital Records

ADDRESS

Hospital Records

18. 195X

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH(This does not mean the mode of dying, e. g.,
heart failure, asthma, etc. It means the disease,
injury or complication which caused death.)(A) *Post operative shock*DUE TO *Right cholecystomy*

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.(B) *Left adrenal hyperplasia*DUE TO *Right adrenal tumor*(C) *also lumbar vertebra*II
OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☒ NO ☐21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour)
INJURY

21E. INJURY OCCURRED

WHILE AT ☐ NOT WHILE ☐
WORK AT WORK

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 4-26, 1953 to 4-7, 1953 that I last saw the
deceased alive on 4-7, 1953, and that death occurred at 9:30 AM., from the causes and on the date stated above.

23A. SIGNATURE

George A. Otten

M. D.

23B. ADDRESS

St. Agnes Hospital

23C. DATE SIGNED

*4-8-53*24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

24B. DATE

4/10/53

24C. NAME OF CEMETERY OR CREMATORY

Life Creek Cem.

24D. LOCATION (City, town or county)

Carrall County, Md

(State)

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

Huntington

25. FUNERAL DIRECTOR

W. D. Skerby & Sons

ADDRESS

583 24 New Windsor & Glenora Bridge Rd

**BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH**

Registered No. **53 3458**

53 3458

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Lena Riehl

2. DATE
OF
DEATH

Apr. 7, 1953

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location)

2918 Arlington Avenue

4. USUAL RESIDENCE (Where deceased lived, If institution: residence before admission)

A. STATE **Maryland**

B. COUNTY

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Baltimore

D. STREET ADDRESS (If rural, give location)

2918 Arlington Avenue

5. SEX

female

6. COLOR OR RACE

white

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)

divorced

8. DATE OF BIRTH

Sept. 6, 1873

9. AGE (In years last birthday)

79

If Under 1 Year Months: Days Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

at home

10B. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country)

Baltimore, Maryland

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME

George F. Mix

14. MOTHER'S MAIDEN NAME

Anna M. Ramsauer

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)

(If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT

ADDRESS

Mrs. Raymond Riehl, 2918 Arlington

18. **420.0 and 260X**

CAUSE OF DEATH

INTERVAL BETWEEN ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) **arteriosclerotic Heart Disease**

5 yrs.

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B) **Generalized Arteriosclerosis**

10 yrs.

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

① Hypertension due to cerebral thrombosis. ② Diabetes mellitus

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒

21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

WHILE AT WORK ☐ NOT WHILE AT WORK ☐

22. I hereby certify that I attended the deceased from **Jan 10, 1940** to **Apr. 7, 1953**, that I last saw the deceased alive on **Apr. 6, 1953**, and that death occurred at **12:40 P. M.**, from the causes and on the date stated above.

23A. SIGNATURE

George Ramsauer

M. D.

23B. ADDRESS

4808 Harford Rd.

23C. DATE SIGNED

4/7/53

24A. BURIAL, CREMATION, REMOVAL (Specify)

Burial

24B. DATE

4-11-53

24C. NAME OF CEMETERY OR CREMATORY

Loudon Park Cem.

24D. LOCATION (City, town, or county)

Baltimore, Maryland

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

Huntington Williams, M.D.

25. FUNERAL DIRECTOR

ADDRESS

Leonard J. Ruck, 5305 Harford Road

**BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH**

53 3459
Registered No. _____

53 3459
BIRTH NO. _____

1. NAME OF DECEASED (Type or Print) Anderson, Arthur Edward			2. DATE OF DEATH April 7, 1953		
3. PLACE OF DEATH: A. Baltimore City, Maryland			4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Maryland B. COUNTY _____		
B. FULL NAME OF HOSPITAL OR INSTITUTION St. Joseph's Hospital			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore		
C. Length of stay in Baltimore 53 years			D. STREET ADDRESS (If rural, give location) 407 Evesham Avenue		
5. SEX Male	6. COLOR OR RACE White	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH June 8-1881		9. AGE (in years last birthday) 71
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Registered Nurse		10B. KIND OF BUSINESS OR INDUSTRY Ret.	11. BIRTHPLACE (State or foreign country) England		12. CITIZEN OF WHAT COUNTRY? _____
13. FATHER'S NAME ?			14. MOTHER'S MAIDEN NAME ?		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO. _____	17. INFORMANT Mrs. Alice T Anderson - Evesham		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)			ADDRESS 407		

18. 331X and 260X		CAUSE OF DEATH		INTERVAL BETWEEN ONSET AND DEATH
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)		(A) Congestive heart failure		
DUE TO				
ANTECEDENT CAUSES		(B) Generalized arteriosclerosis		
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.		DUE TO		
		(C) Cerebral vascular accident		
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		Diabetes mellitus		

19A. DATE OF OPERATION 0		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH <input type="checkbox"/>		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from **April 6, 1953**, to **April 7, 1953**, that I last saw the deceased alive on **April 7, 1953**, and that death occurred at **12:35pm**, from the causes and on the date stated above.

23A. SIGNATURE Charles F. ...		23B. ADDRESS 1400 N. Caroline Street		23C. DATE SIGNED April 7, 1953
24A. BURIAL, CREMATION, REMOVAL (Specify) Burial	24B. DATE 4-10-53	24C. NAME OF CEMETERY OR CREMATORY PARK WOOD	24D. LOCATION (City, town, or county) (State) BALTO Md.	
DATE RECEIVED BY LOCAL REGISTRAR ...		REGISTRAR'S SIGNATURE ...		25. FUNERAL DIRECTOR L. J. Luck
				ADDRESS 5305 Hayford Rd

058, BT

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Birth Date

Age at Death

Sex

Place of Birth

Usual Residence

Occupation

Marital Status

Education

Religion

Previous Illnesses

Immediate Cause

Underlying Cause

Manner of Death

Place of Death

Time of Death

Signature of Physician

Signature of Registrar

Signature of Coroner

Signature of Medical Examiner

Signature of Pathologist

Signature of Forensic Examiner

Signature of Toxicologist

Signature of Anthropologist

Signature of Dentist

Signature of Pharmacist

Signature of Nurse

Signature of Hospital Administrator

Signature of Medical Society Representative

Signature of Public Health Officer

Signature of Health Commissioner

**BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH**

53 3460
Registered No. _____

53 3460
BIRTH NO. _____

1. NAME OF DECEASED (Type or Print) GEORGE J. FLOYD			2. DATE OF DEATH April 6, 1953		
3. PLACE OF DEATH: A. Baltimore City, Maryland			4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Maryland B. COUNTY _____		
B. FULL NAME OF (If not in hospital or institution, give street address or location) Provident Hospital			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore 14-02		
c. Length of stay in Baltimore 2 Yrs. Mos. Days			D. STREET ADDRESS (If rural, give location) 650 Smithson Street		
5. SEX Male	6. COLOR OR RACE Colored	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) W.	8. DATE OF BIRTH 8/6/24	9. AGE (In years last birthday) 28	10. Under 1 Year Months Days 11. Under 24 Hours Hours Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Salesman			10B. KIND OF BUSINESS OR INDUSTRY Perfume Co.		
11. BIRTHPLACE (State or foreign country) Baltimore, Maryland			12. CITIZEN OF WHAT COUNTRY? U. S. A.		
13. FATHER'S NAME Charles F. Floyd			14. MOTHER'S MAIDEN NAME Helen Smith		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) yes (If yes, give war or dates of service) WW #2			16. SOCIAL SECURITY NO. 214-14-8826		
17. INFORMANT Ruth Kane (S)			ADDRESS 650 Smithson St		

18. **E 900.8**

CAUSE OF DEATH

INTERVAL BETWEEN ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) **Fracture of skull**
Subdural hemorrhage

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B) **Fracture of pelvis**
Retroperitoneal hemorrhage

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☒ NO ☐

21A. EXTERNAL CAUSE WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH.

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)
Street

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
1302 Riggs Avenue

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY
April 6, 1953

21E. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☒

21F. HOW DID INJURY OCCUR?

Apparently fell over steps

22. I certify that I took charge of the remains described above, held an **Autopsy** thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☒, suicide ☐, homicide ☐, undetermined ☐.

23A. SIGNATURE

R. F. Fisher

23B. CHIEF MEDICAL EXAMINER ☒ ASSISTANT MEDICAL EXAMINER ☐ MEDICAL INVESTIGATOR ☐

23C. DATE SIGNED
April 7, 1953

24A. BURIAL, CREMATION, REMOVAL (Specify)
Burial

24B. DATE
4/10/53

24C. NAME OF CEMETERY OR CREMATORY
Balto Natl Cemi

24D. LOCATION (City, town, or county) (State)
Balto Md.

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

Huntington Williams, M.D.

25. FUNERAL DIRECTOR

ADDRESS

Charles F. W. Spier

V S 151

N 804.2

490 4R

512 Canwellton av.

✓

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

62-1000

DEPARTMENT OF THE ARMY
OFFICE OF THE ADJUTANT GENERAL
WASHINGTON, D. C.

100-1000



WARE
BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

53 3461
Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

WARE HOWARD

2. DATE
OF
DEATH

April 7, 1953

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR
INSTITUTION

University Hospital

C. Length of stay in Baltimore

38

(Yrs.
Mos.
Days)

4. USUAL RESIDENCE (Where deceased lived. If institution; residence before admission)

A. STATE

MD

B. COUNTY

Ba

C. CITY OR TOWN

Balto

(If outside corporate limits, write RURAL and give township)

D. STREET ADDRESS (If rural, give location)

1708 Durson St.

5. SEX

M

6. COLOR OR RACE

C

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

M

8. DATE OF BIRTH

2/22/02

9. AGE (In years
last birthday)

51

If Under 1 Year
Months: Days

If Under 24 Hours
Hours: Min.

10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

Working man

10B. KIND OF BUSINESS OR
INDUSTRY

Bakery

13. FATHER'S NAME

Jacob Ware

11. BIRTHPLACE (State or foreign country)

Va.

12. CITIZEN OF
WHAT COUNTRY?

U.S.A.

14. MOTHER'S MAIDEN NAME

Mary Poyou

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown)

16. SOCIAL
SECURITY NO.

17. INFORMANT ADDRESS

Alice W. Ware - 1708 Durson St.

18. 153X

CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g.,
heart failure, asthma, etc. It means the disease,
injury or complication which caused death.)

(A) DUE TO

fecal peritonitis

INTERVAL BETWEEN
ONSET AND DEATH

? 9 hrs

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B) DUE TO

carcinoma of colon

?

(C)

OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

4/6/53

19B. MAJOR FINDINGS OF OPERATION

fecal peritonitis, carcinoma of colon

20. AUTOPSY?

YES ☐ NO ☒

21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH

21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID (If in Baltimore City, give exact location)
INJURY OCCUR?

21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

WHILE AT ☐ NOT WHILE ☐
WORK AT WORK

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 4/6, 1953, to 4/7, 1953, that I last saw the
deceased alive on 4/7, 1953, and that death occurred at 1:35 a.m., from the causes and on the date stated above.

23A. SIGNATURE

W. S. Smith, Jr.

23B. ADDRESS

Univ. Hospital, Balto

23C. DATE SIGNED

4/7/53

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

Burial

24B. DATE

4/10/53

24C. NAME OF CEMETERY OR CREMATORY

Mt. Auburn

24D. LOCATION (City, town, or county) (State)

Maryland

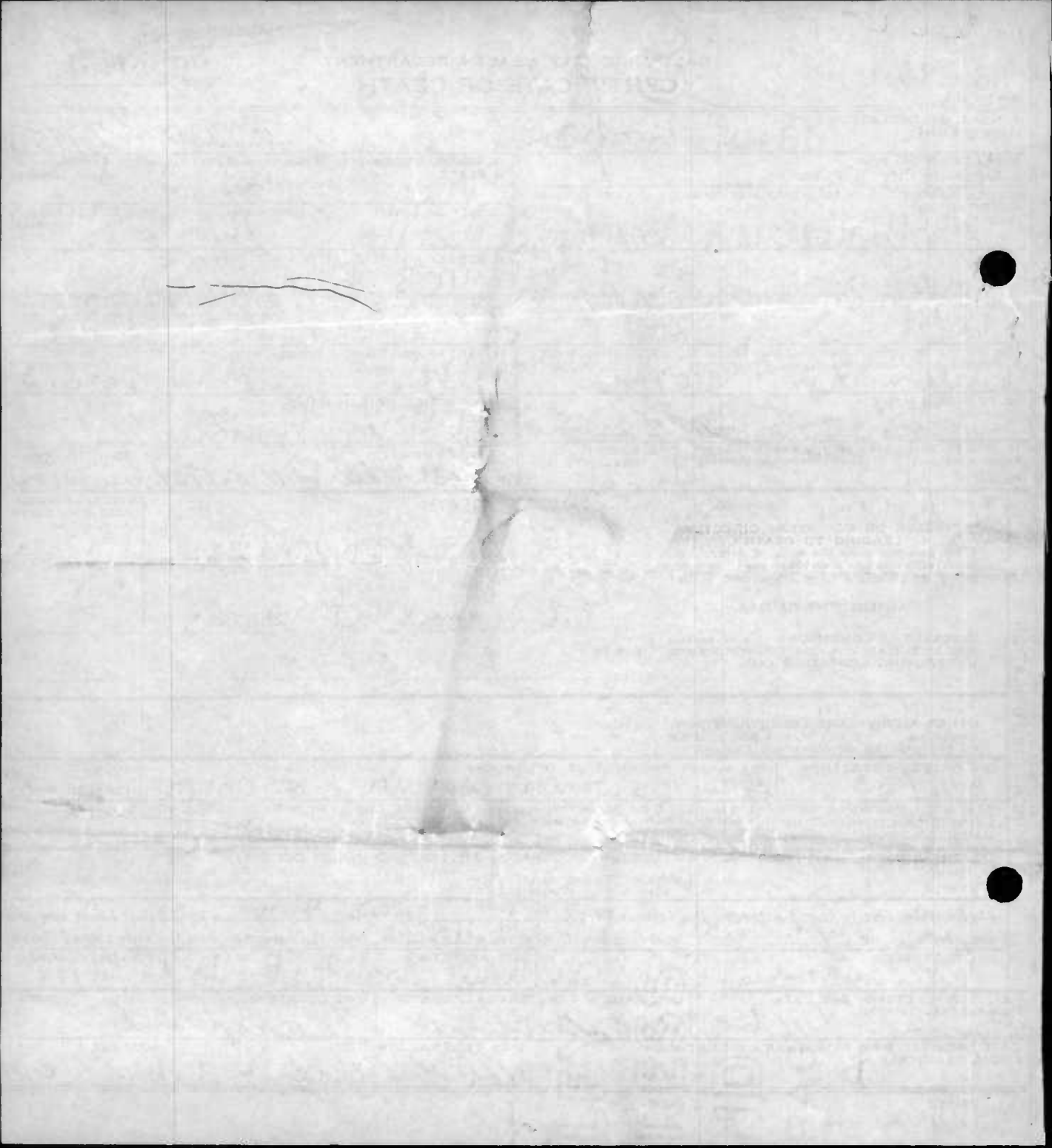
DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

U. Halstead - 918. Spauld Ave.



625
53 3462BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. _____

53 3462

BIRTH NO. _____

1. NAME OF DECEASED
(Type or Print)

ABRAHAM

HARRISON

2. DATE
OF
DEATH

4-7-53

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF
HOSPITAL OR
INSTITUTION (If not in hospital or institution, give street address or location)

Levinale

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE

B. COUNTY

C. CITY OR TOWN

(If outside corporate limits, write RURAL and give township)

D. STREET ADDRESS (If rural, give location)

2517 Oswego Ave

C. Length of stay in Baltimore

40

Yrs.
Mos.
Days

5. SEX

Male

6. COLOR OR RACE

White

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

Married

8. DATE OF BIRTH

9. AGE (in years
last birthday)

83

If Under 1 Year
Months: Days
Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Lecturer

10B. KIND OF BUSINESS OR INDUSTRY

Synagogue

11. BIRTHPLACE (State or foreign country)

Lith

12. CITIZEN OF
WHAT COUNTRY?

U.S.A.

13. FATHER'S NAME

Not Known

14. MOTHER'S MAIDEN NAME

Not Known

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)16. SOCIAL
SECURITY NO.

17. INFORMANT

ADDRESS

Sarah Harrison - 2517 Oswego Ave

18. 193X

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A)

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B)

DUE TO

(C)

Pyelonephritis

weeks

Tumor of spinal cord

1 year

II

OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR? (If in Baltimore City, give exact location)21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

WHILE AT ☐ NOT WHILE ☐
WORK AT WORK

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 1-14, 1953, to 4-7, 1953, that I last saw the deceased alive on 4-7, 1953, and that death occurred at 4:30 p.m., from the causes and on the date stated above.

23A. SIGNATURE

Henry Nagel

M. D.

23B. ADDRESS

Levinale Home

23C. DATE SIGNED

4-7-53

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

24B. DATE

4/8/1953

24C. NAME OF CEMETERY OR CREMATORY

North Point Rd

24D. LOCATION (City, town, or county)

Baltimore

(State)

Md.

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

Huntington Williams, M.D.

25. FUNERAL DIRECTOR

ADDRESS

2100 E. 10th St

APR 8-1953

OFFICE

SECRET

WATER

520
FVJ 168745
53 3463BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH53 3463
Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Joshia Thomas

2. DATE OF DEATH
April 7, 1953

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR INSTITUTIONBaltimore City Hospitals
4940 Eastern Avenue4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE

Maryland

B. COUNTY

C. CITY OR TOWN

(If outside corporate limits, write RURAL and give township)

Baltimore

D. STREET ADDRESS (If rural, give location)

735 Pierce Street

Length of stay in Baltimore

50 years

SEX
Male6. COLOR OR RACE
Negro7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)
SeparatedYrs.
Mos.
Days

8. DATE OF BIRTH

June 11, 1880

9. AGE (In years last birthday)

72

If Under 1 Year
Months: DaysIf Under 24 Hours
Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

10B. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country)

Maryland

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME

James H. Thomas (deceased)

14. MOTHER'S MAIDEN NAME

Sarah Sharp (deceased)

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT

ADDRESS

B. C. H. 4940 Eastern Ave. (records)

18. 231X

CAUSE OF DEATH

INTERVAL BETWEEN ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Cerebral Hemorrhage

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B) Hypertension

DUE TO

(C) Generalized Arteriosclerosis

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☒ NO ☐

21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH

21B. PLACE OF INJURY (e.g., home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

m. WHILE AT WORK ☐ NOT WHILE AT WORK ☐

22. I hereby certify that I attended the deceased from 3 - 16 - 1953 to 4 - 7 - 1953, that I last saw the deceased alive on 4 - 7 - 1953, and that death occurred at 12:10 a.m., from the causes and on the date stated above.

23A. SIGNATURE

42 John Doe

M. D.

23B. ADDRESS

4940 Eastern Avenue

23C. DATE SIGNED

4-7-53

24A. BURIAL, CREMATION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county)

(State)

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

APR 8 - 1953

Huntington Williams, M.D.

K. Moore & Son, Denton, Md.

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

THE CITY

[Faint, mostly illegible text and markings on a death certificate form. The form includes sections for personal information, cause of death, and official certification. There are some handwritten notes and stamps visible, including a circular seal in the center and a signature at the bottom.]



-400
53 3464MEHL
BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH53 3464
Registered No.

1. NAME OF DECEASED (Type or Print) <i>Cecelyna Mehl</i>			2. DATE OF DEATH <i>4/6/53</i>		
3. PLACE OF DEATH: A. Baltimore City, Maryland <i>Balt. City</i>			4. USUAL RESIDENCE (Where deceased lived, if institution: residence before admission) A. STATE <i>Baltimore Md.</i> B. COUNTY C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <i>Baltimore City 2543</i>		
B. FULL NAME OF (If not in hospital or institution, give street address or hospital or institution) <i>Waters Hospital</i> <i>2724 N. Charles St.</i>			O. STREET ADDRESS (If rural, give location) <i>2013 Maisel St. #30</i>		
C. Length of stay in Baltimore			Yrs. Mos. Days		
5. SEX <i>F</i>	6. COLOR OR RACE <i>white</i>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <i>married</i>	8. DATE OF BIRTH <i>Nov 8 - 1903</i>	9. AGE (in years last birthday) <i>50</i>	If Under 1 Year Months: Days If Under 24 Hours Hours: Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>Housewife</i>		10B. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) <i>Maryland</i>		12. CITIZEN OF WHAT COUNTRY? <i>✓</i>
13. FATHER'S NAME <i>Edw. F. Sullivan</i>			14. MOTHER'S MAIDEN NAME <i>Mary Everhart</i>		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) <i>no</i>		16. SOCIAL SECURITY NO.	17. INFORMATION ADDRESS <i>Waters Hospital 2724 N. Charles St.</i>		
18. <i>570.2</i> DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) <i>Intestinal Obstruction 2 weeks</i> DUE TO <i>spasmodic bowel</i> ANTECEDENT CAUSES <i>Terminal Bronchial Pneumonia 3 days</i> DUE TO DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.			CAUSE OF DEATH INTERVAL BETWEEN ONSET AND DEATH		
19A. DATE OF OPERATION <i>3/15/53</i>			19B. MAJOR FINDINGS OF OPERATION <i>Small intestine ruptured</i>		
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH		21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)		
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21F. HOW DID INJURY OCCUR?		
22. I hereby certify that I attended the deceased from <i>3/15</i> , 1953, to <i>4/6/53</i> , that I last saw the deceased alive on <i>4/6</i> , 1953, and that death occurred at <i>3:00</i> p.m., from the causes and on the date stated above.					
23A. SIGNATURE <i>Ben. Bannion</i>		23B. ADDRESS <i>2128 W. North Ave</i>		23C. DATE SIGNED <i>4/9/53</i>	
24A. BURIAL, CREMATION, REMOVAL (Specify) <i>BURIAL</i>		24B. DATE <i>4/9/53</i>	24C. NAME OF CEMETERY OR CREMATORY <i>Fowdon Pk</i>	24D. LOCATION (City, town, or county) (State) <i>Balto Md</i>	
DATE RECEIVED BY LOCAL REGISTRAR <i>APR 8 - 1953</i>		REGISTRAR'S SIGNATURE <i>Huntington Williams</i>		25. FUNERAL DIRECTOR ADDRESS <i>Edward Foulson Balto 30 Md</i>	

BALTIMORE CITY HEALTH DEPARTMENT

Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)2. DATE
OF
DEATH

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF
HOSPITAL OR
INSTITUTION4. USUAL RESIDENCE (Where deceased lived; If institution: residence
A. STATE B. COUNTY before admission)

C. CITY OR TOWN

D. STREET ADDRESS (If rural, give location)

5. SEX

6. COLOR OR RACE

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

8. DATE OF BIRTH

9. AGE (In years
last birthday)10. Under 1 Year
Months: Days11. Under 24 Hours
Hours: Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)10B. KIND OF BUSINESS OR
INDUSTRY

11. BIRTHPLACE (State or foreign country)

12. CITIZEN OF
WHAT COUNTRY?

13. FATHER'S NAME

14. MOTHER'S MAIDEN NAME

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)16. SOCIAL
SECURITY NO.

17. INFORMANT

ADDRESS

18. 751X

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g.,
heart failure, asthma, etc. It means the disease,
injury or complication which caused death.)

(A) DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.(B) DUE TO
(C)II
OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

m. WHILE AT ☐ NOT WHILE
WORK AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 3/17, 1953, to 4/7, 1953, that I last saw the
deceased alive on 4/6, 1953, and that death occurred at 1:45 P. m., from the causes and on the date stated above.

23A. SIGNATURE

23B. ADDRESS

23C. DATE SIGNED

24A. BURIAL CREMA-
TION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county)

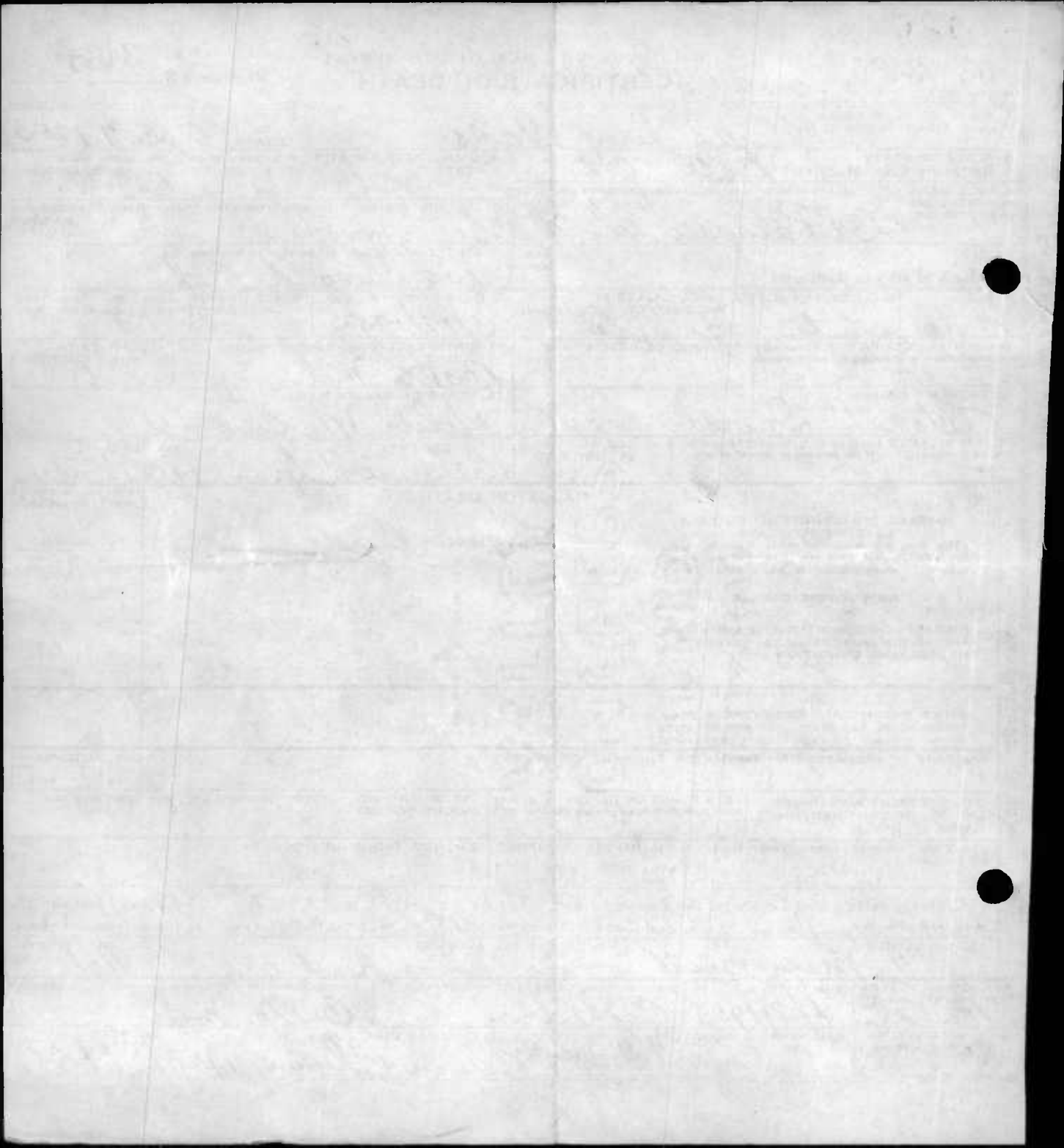
(State)

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS



53 3466

BIRTH NO.

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 53 3466

1. NAME OF DECEASED
(Type or Print)2. DATE
OF
DEATH

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE

B. COUNTY

B. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR
INSTITUTION

C. CITY OR TOWN

(If outside corporate limits, write RURAL and give township)

Length of stay in Baltimore

Yrs.
Mos.
Days

D. STREET ADDRESS (If rural, give location)

5. SEX

6. COLOR OR RACE

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

8. DATE OF BIRTH

9. AGE (in years
last birthday)If Under 1 Year
Months: DaysIf Under 24 Hours
Hours Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)10B. KIND OF BUSINESS OR
INDUSTRY

11. BIRTHPLACE (State or foreign country)

12. CITIZEN OF
WHAT COUNTRY?

13. FATHER'S NAME

14. MOTHER'S MAIDEN NAME

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)16. SOCIAL
SECURITY NO.

17. INFORMANT

ADDRESS

18. 422.1

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)(A) *Refrikerotic cardiovascular disease*
DUE TO *Disease*

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.(B)
DUE TO
(C)
II
OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

WHILE AT ☐ NOT WHILE ☐
m. WORK AT WORK

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 4-6-1953, to 4-6-1953, that I last saw the
deceased alive on 4-6-1953, and that death occurred at 8:40 AM, from the causes and on the date stated above.

23A. SIGNATURE

23B. ADDRESS

23C. DATE SIGNED

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county)

(State)

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

CERTIFICATE OF DEATH

WASHINGTON, D. C. HEALTH DEPARTMENT

FILE

DATE

TIME

PLACE

CAUSE

MANNER

AGE

SEX

RACE

EDUCATION

OCCUPATION

RELIGION

Marital Status

Previous Illnesses

Drugs Taken

Alcohol Consumed

Tobacco Used

Other Habits

Signature of Physician

Signature of Registrar

Signature of Informant

Signature of Coroner

Signature of Medical Examiner

Signature of Pathologist

Signature of Forensic Scientist

Signature of Toxicologist

Signature of Anthropologist

Signature of Linguist

Signature of Archaeologist

Signature of Historian

Signature of Philologist

Signature of Philosopher

Signature of Sociologist

Signature of Economist

Signature of Jurist

Signature of Theologian

Signature of Historian of Art

Signature of Musicologist

Signature of Critic

Signature of Biographer

Signature of Librarian

Signature of Archivist

Signature of Curator

Signature of Conservator

Signature of Restaurator

**BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH**

Registered No. **53 3467**

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Edward C. (Fisher) Reissland

2. DATE
OF
DEATH

April 7th., 1953

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR **1739 Harford Avenue**
INSTITUTION

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE **Maryland**
B. COUNTY **City**

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)
Baltimore

D. STREET ADDRESS (If rural, give location)
1739 Harford Avenue

Length of stay in Baltimore

55 Yrs.

5. SEX

Male

6. COLOR OR RACE

White

7. SINGLE. MARRIED.
WIDOWED, DIVORCED (Specify)
Married

B. DATE OF BIRTH

Dec. 17th., 1882

9. AGE (In years last birthday)

70

If Under 1 Year Months: Days
If Under 24 Hours Hours: Min.

3 21

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Stationary Engineer (retired) Md. Dry Dock

10B. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country)

Baltimore County

12. CITIZEN OF WHAT COUNTRY?
U.S.A.

13. FATHER'S NAME

Unknown

14. MOTHER'S MAIDEN NAME

Katherine Reissland

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknowns) (If yes, give war or dates of service)
No

16. SOCIAL SECURITY NO.
216-10-7500 A

17. INFORMANT

ADDRESS

Mrs. Burith L. Reissland-1739 Harford Ave.

18. **420.1**

CAUSE OF DEATH

INTERVAL BETWEEN ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A)

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B)

DUE TO

(C)

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒

21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from **Jan.**, 19**38**, to **April 7**, 19**53**, that I last saw the deceased alive on **April 7**, 19**53**, and that death occurred at **1 p.** m., from the causes and on the date stated above.

23A. SIGNATURE

23B. ADDRESS

23C. DATE SIGNED

24A. BURIAL, CREMATION, REMOVAL (Specify)
Burial

24B. DATE

4-10-53

24C. NAME OF CEMETERY OR CREMATORY

Loudon Park Cemetery

24D. LOCATION (City, town, or county)

Frederick Rd. Balto: Md.

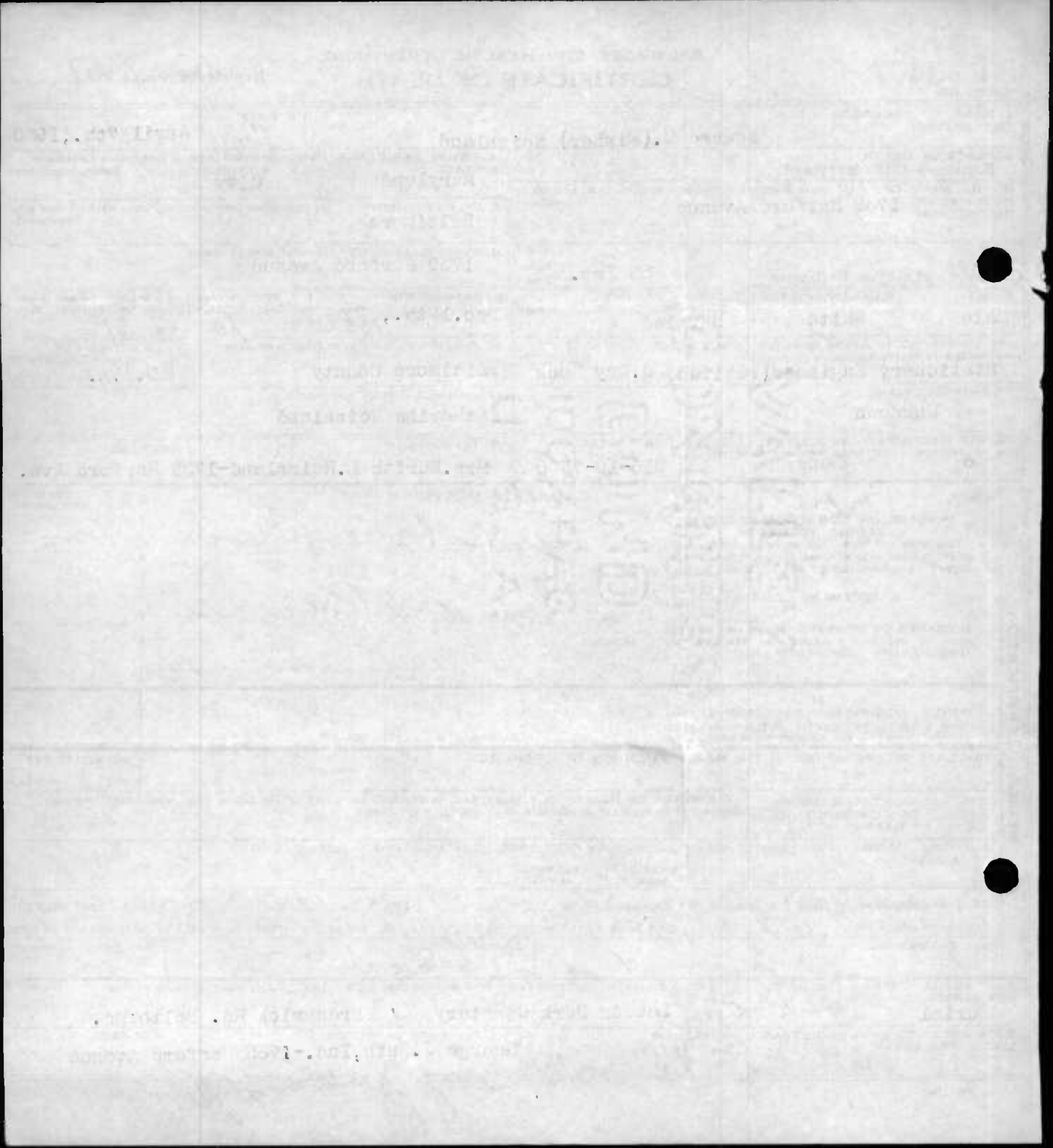
DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

George J. Ruth, Inc. - 1735 Harford Avenue



13-240

53 3468

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH53 3468
Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Elizabeth G Basil

2. DATE
OF
DEATH

April 5 1953

3. PLACE OF DEATH:

6220 Brook Ave

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived, if institution: residence

A. STATE

Md

B. COUNTY

before admission)

B. FULL NAME OF
HOSPITAL OR
INSTITUTION

(If not in hospital or institution, give street address or location)

C. CITY OR TOWN

(If outside corporate limits, write RURAL and give township)

Baltimore

D. STREET ADDRESS (If rural, give location)

6220 Brook Ave

Length of stay in Baltimore life

Yrs.
Mos.
Days

5. SEX

Female

6. COLOR OR RACE

white

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

wid

8. DATE OF BIRTH

July 14 1864

9. AGE (In years
last birthday)

88

If Under 1 Year
Months: DaysIf Under 24 Hours
Hours: Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

At home

10B. KIND OF BUSINESS OR
INDUSTRY

11. BIRTHPLACE (State or foreign country)

Maryland

12. CITIZEN OF
WHAT COUNTRY?

U.S.A.

13. FATHER'S NAME

Jams Gourley

14. MOTHER'S MAIDEN NAME

Mary F. Weaver

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)

No.

16. SOCIAL
SECURITY NO.

219-01-0385 D

17. INFORMANT

ADDRESS

Milton Ningard 1 Gwynn Lake Drive

18. 420.0

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A)

DUE TO

Atherosclerotic Heart Disease

20 yr

ANTECEDENT CAUSES

(B)

DUE TO

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(C)

II

OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

WHILE AT ☐ NOT WHILE ☐
WORK AT WORK

22. I hereby certify that I attended the deceased from June 27, 1949, to April 5, 1953, that I last saw the deceased alive on April 5, 1953, and that death occurred at 3:55 p.m., from the causes and on the date stated above.

23A. SIGNATURE

A. J. Davis

23B. ADDRESS

6222 Belair Road

23C. DATE SIGNED

April 6, 1953

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

Burial

24B. DATE

Apr. 8, 1953

24C. NAME OF CEMETERY OR CREMATORY

Baltimore

24D. LOCATION (City, town, or county)

Baltimore, Md.

(State)

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

Huntington Williams, M.D.

25. FUNERAL DIRECTOR

ADDRESS

Ullrich Funeral Home 2008 Orleans St.

828

DEPARTMENT OF HEALTH
CERTIFICATE OF DEATH

1. Name of deceased: _____
2. Sex: _____
3. Age: _____
4. Date of birth: _____
5. Place of birth: _____
6. Usual residence: _____
7. Date of death: _____
8. Time of death: _____
9. Cause of death: _____
10. Place of death: _____
11. Signature of physician: _____
12. Signature of registrar: _____
13. Date of registration: _____

DEPARTMENT OF HEALTH	
1. Name of deceased	2. Sex
	3. Age
4. Date of birth	5. Place of birth
	6. Usual residence
7. Date of death	8. Time of death
	9. Cause of death
10. Place of death	11. Signature of physician
	12. Signature of registrar
13. Date of registration	14. Date of death
	15. Time of death
16. Cause of death	17. Place of death
	18. Signature of physician
19. Signature of registrar	20. Date of registration
	21. Date of death
22. Time of death	23. Cause of death
	24. Place of death
25. Signature of physician	26. Signature of registrar
	27. Date of registration
28. Date of death	29. Time of death
	30. Cause of death
31. Place of death	32. Signature of physician
	33. Signature of registrar
34. Date of registration	35. Date of death
	36. Time of death
37. Cause of death	38. Place of death
	39. Signature of physician
40. Signature of registrar	41. Date of registration
	42. Date of death
43. Time of death	44. Cause of death
	45. Place of death
46. Signature of physician	47. Signature of registrar
	48. Date of registration
49. Date of death	50. Time of death
	51. Cause of death
52. Place of death	53. Signature of physician
	54. Signature of registrar
55. Date of registration	56. Date of death
	57. Time of death
58. Cause of death	59. Place of death
	60. Signature of physician
61. Signature of registrar	62. Date of registration
	63. Date of death
64. Time of death	65. Cause of death
	66. Place of death
67. Signature of physician	68. Signature of registrar
	69. Date of registration
70. Date of death	71. Time of death
	72. Cause of death
73. Place of death	74. Signature of physician
	75. Signature of registrar
76. Date of registration	77. Date of death
	78. Time of death
79. Cause of death	80. Place of death
	81. Signature of physician
82. Signature of registrar	83. Date of registration
	84. Date of death
85. Time of death	86. Cause of death
	87. Place of death
88. Signature of physician	89. Signature of registrar
	90. Date of registration
91. Date of death	92. Time of death
	93. Cause of death
94. Place of death	95. Signature of physician
	96. Signature of registrar
97. Date of registration	98. Date of death
	99. Time of death
100. Cause of death	101. Place of death
	102. Signature of physician
103. Signature of registrar	104. Date of registration
	105. Date of death
106. Time of death	107. Cause of death
	108. Place of death
109. Signature of physician	110. Signature of registrar
	111. Date of registration
112. Date of death	113. Time of death
	114. Cause of death
115. Place of death	116. Signature of physician
	117. Signature of registrar
118. Date of registration	119. Date of death
	120. Time of death
121. Cause of death	122. Place of death
	123. Signature of physician
124. Signature of registrar	125. Date of registration
	126. Date of death
127. Time of death	128. Cause of death
	129. Place of death
130. Signature of physician	131. Signature of registrar
	132. Date of registration
133. Date of death	134. Time of death
	135. Cause of death
136. Place of death	137. Signature of physician
	138. Signature of registrar
139. Date of registration	140. Date of death
	141. Time of death
142. Cause of death	143. Place of death
	144. Signature of physician
145. Signature of registrar	146. Date of registration
	147. Date of death
148. Time of death	149. Cause of death
	150. Place of death
151. Signature of physician	152. Signature of registrar
	153. Date of registration
154. Date of death	155. Time of death
	156. Cause of death
157. Place of death	158. Signature of physician
	159. Signature of registrar
160. Date of registration	161. Date of death
	162. Time of death
163. Cause of death	164. Place of death
	165. Signature of physician
166. Signature of registrar	167. Date of registration
	168. Date of death
169. Time of death	170. Cause of death
	171. Place of death
172. Signature of physician	173. Signature of registrar
	174. Date of registration
175. Date of death	176. Time of death
	177. Cause of death
178. Place of death	179. Signature of physician
	180. Signature of registrar
181. Date of registration	182. Date of death
	183. Time of death
184. Cause of death	185. Place of death
	186. Signature of physician
187. Signature of registrar	188. Date of registration
	189. Date of death
190. Time of death	191. Cause of death
	192. Place of death
193. Signature of physician	194. Signature of registrar
	195. Date of registration
196. Date of death	197. Time of death
	198. Cause of death
199. Place of death	200. Signature of physician
	201. Signature of registrar
202. Date of registration	203. Date of death
	204. Time of death
205. Cause of death	206. Place of death
	207. Signature of physician
208. Signature of registrar	209. Date of registration
	210. Date of death
211. Time of death	212. Cause of death
	213. Place of death
214. Signature of physician	215. Signature of registrar
	216. Date of registration
217. Date of death	218. Time of death
	219. Cause of death
220. Place of death	221. Signature of physician
	222. Signature of registrar
223. Date of registration	224. Date of death
	225. Time of death
226. Cause of death	227. Place of death
	228. Signature of physician
229. Signature of registrar	230. Date of registration
	231. Date of death
232. Time of death	233. Cause of death
	234. Place of death
235. Signature of physician	236. Signature of registrar
	237. Date of registration
238. Date of death	239. Time of death
	240. Cause of death
241. Place of death	242. Signature of physician
	243. Signature of registrar
244. Date of registration	245. Date of death
	246. Time of death
247. Cause of death	248. Place of death
	249. Signature of physician
250. Signature of registrar	251. Date of registration
	252. Date of death
253. Time of death	254. Cause of death
	255. Place of death
256. Signature of physician	257. Signature of registrar
	258. Date of registration
259. Date of death	260. Time of death
	261. Cause of death
262. Place of death	263. Signature of physician
	264. Signature of registrar
265. Date of registration	266. Date of death
	267. Time of death
268. Cause of death	269. Place of death
	270. Signature of physician
271. Signature of registrar	272. Date of registration
	273. Date of death
274. Time of death	275. Cause of death
	276. Place of death
277. Signature of physician	278. Signature of registrar
	279. Date of registration
280. Date of death	281. Time of death
	282. Cause of death
283. Place of death	284. Signature of physician
	285. Signature of registrar
286. Date of registration	287. Date of death
	288. Time of death
289. Cause of death	290. Place of death
	291. Signature of physician
292. Signature of registrar	293. Date of registration
	294. Date of death
295. Time of death	296. Cause of death
	297. Place of death
298. Signature of physician	299. Signature of registrar
	300. Date of registration

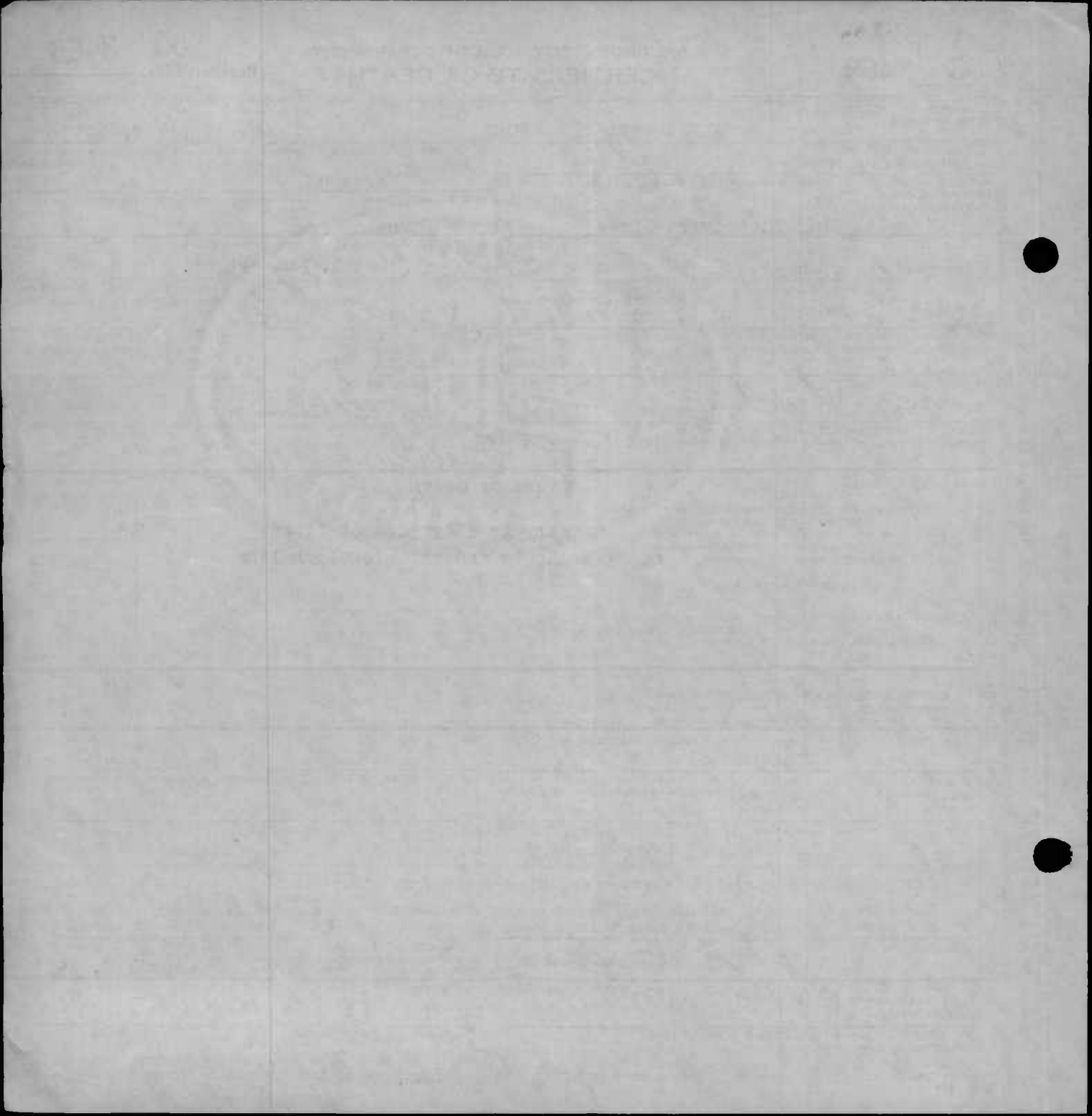
MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

53 3469
Registered No.

BIRTH NO. 53 3469		1. NAME OF DECEASED (Type or Print) ALEXANDRIA PACKS		2. DATE OF DEATH April 7, 1953	
3. PLACE OF DEATH: A. Baltimore City, Maryland			4. USUAL RESIDENCE (Where deceased lived, if institution: residence before admission) A. STATE Maryland B. COUNTY		
5. FULL NAME OF HOSPITAL OR INSTITUTION 2625 N. Calvert Street			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore 12-03		
c. Length of stay in Baltimore Yrs. Mos. Days			D. STREET ADDRESS (If rural, give location) 2625 N. Calvert St.		
5. SEX Female	6. COLOR OR RACE White	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Divorced	8. DATE OF BIRTH 12/5/15	9. AGE (In years last birthday) 37	If Under 1 Year Months: Days: If Under 24 Hours Hours: Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10B. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) Chula, Va		12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME Thos. Packs			14. MOTHER'S MAIDEN NAME Eliz Atkinson		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.	17. INFORMANT Caroline Jones 101 South Re Syndamore		
18. 581.1 DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) FATTY INFILTRATION OF LIVER DUE TO Acute and chronic alcoholism ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.			CAUSE OF DEATH (A) Fatty infiltration of liver DUE TO Acute and chronic alcoholism (B) (C)		
19A. DATE OF OPERATION		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
21A. EXTERNAL CAUSE WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH.		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT <input type="checkbox"/> WORK AT WHILE <input type="checkbox"/> NOT WHILE <input type="checkbox"/> AT WORK		21F. HOW DID INJURY OCCUR?	
22. I certify that I took charge of the remains described above, held an autopsy thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes <input checked="" type="checkbox"/> , accident <input type="checkbox"/> , suicide <input type="checkbox"/> , homicide <input type="checkbox"/> , undetermined <input type="checkbox"/> .					
23A. SIGNATURE P. R. Fisher		23B. CHIEF MEDICAL EXAMINER <input checked="" type="checkbox"/> ASSISTANT MEDICAL EXAMINER <input type="checkbox"/> MEDICAL INVESTIGATOR <input type="checkbox"/>		23C. DATE SIGNED April 8, 1953	
24A. BURIAL, CREMATION, REMOVAL (Specify) Burial		24B. DATE 4/10/53		24C. NAME OF CEMETERY OR CREMATORY Belmont	
24D. LOCATION (City, town, or county) (State) Belmont Del		25. FUNERAL DIRECTOR B. P. Conway		ADDRESS 6067 J. Sanford Rd	
DATE RECEIVED BY LOCAL REGISTRAR APR 8-1953		REGISTRAR'S SIGNATURE Huntington Williams			



BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No.

53 3470

53 3470

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Estella Thomas

2. DATE
OF
DEATH

6 April 1953

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF
HOSPITAL OR
INSTITUTION (If not in hospital or institution, give street address or location)

University Hospital

Length of stay in Baltimore

Yrs.
Mos.
Days

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE

B. COUNTY

Md

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

BALTIMORE

19-01

D. STREET ADDRESS (If rural, give location)

414 N. CAREY ST.

5. SEX

F

6. COLOR OR RACE

C

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

widowed

8. DATE OF BIRTH

10-17-1887

9. AGE (in years
last birthday)

65

H Under 1 Year
Months: DaysH Under 24 Hours
Hours: Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

Housewife

10B. KIND OF BUSINESS OR
INDUSTRY

11. BIRTHPLACE (State or foreign country)

BALTIMORE

12. CITIZEN OF
WHAT COUNTRY?

13. FATHER'S NAME

James H. Wilson

14. MOTHER'S MAIDEN NAME

Isabella Carey

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown)

(If yes, give war or dates of service)

16. SOCIAL
SECURITY NO.

17. INFORMANT

ADDRESS

JARTORIS JACKSON 414 N. CAREY ST.

18. 570.5 and 214X

DISEASE OR CONDITION DIRECTLY
LEADING TO DEATH(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

CAUSE OF DEATH

(A)

DUE TO

Hypertensive, Cardiovascular
DiseaseINTERVAL BETWEEN
ONSET AND DEATH

unknown

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B)

DUE TO

Intestinal obstruction

24 hrs

(C)

II
OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

Calcified fibroid of uterus

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

m.

WHILE AT
WORK ☐NOT WHILE
AT WORK ☐22. I hereby certify that I attended the deceased from 5 April, 1953, to 6 April, 1953, that I last saw the
deceased alive on 6 April, 1953, and that death occurred at m., from the causes and on the date stated above.

23A. SIGNATURE

Mark Brumback

M. D.

23B. ADDRESS

University Hospital

23C. DATE SIGNED

6 April 1953

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county)

(State)

BURIAL

4/10/53

ARBUTUS MEM. PK

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

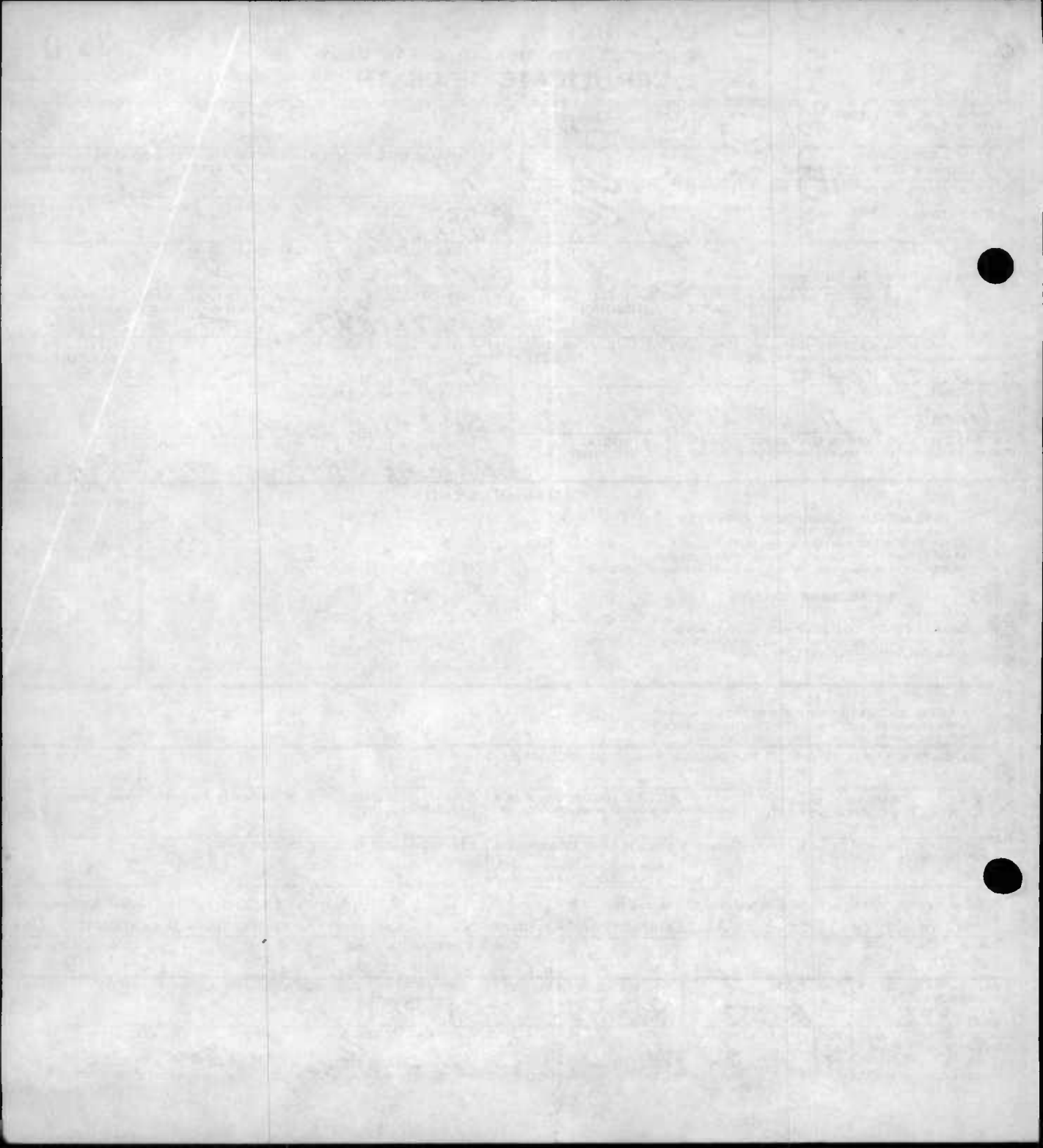
25. FUNERAL DIRECTOR

ADDRESS

APR 8 - 1953

Huntington Williams, M.D.

Joseph S. Rocks, Jr. 1304 N. CENTRAL



53 3471
BIRTH NO.BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH53 3471
Registered No.

1. NAME OF DECEASED (Type or Print) MARY POWELL NORTHAM		2. DATE OF DEATH 4/7/53	
3. PLACE OF DEATH: a. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Maryland b. COUNTY	
b. FULL NAME OF HOSPITAL OR INSTITUTION Union Memorial Hospital		c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore 12-02	
c. Length of stay in Baltimore Life		d. STREET ADDRESS (If rural, give location) 3001 St Paul St # 18	
5. SEX female	6. COLOR OR RACE white	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) married	8. DATE OF BIRTH April 13, 1893
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Chiropractor		10b. KIND OF BUSINESS OR INDUSTRY --	
9. AGE (In years, last birthday) 59		11. BIRTHPLACE (State or foreign country) Maryland	
12. CITIZEN OF WHAT COUNTRY? USA		13. FATHER'S NAME Robert S Powell	
14. MOTHER'S MAIDEN NAME Flora C. Ellis		15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) no	
16. SOCIAL SECURITY NO. --		17. INFORMANT husband - Dr Edgar H Northam ADDRESS 3001 St Paul St # 18	

18. 153X DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) Abdominal carcinomatosis DUE TO ANTECEDENT CAUSES Carcinoma of the colon DUE TO OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.	INTERVAL BETWEEN ONSET AND DEATH
--	----------------------------------

19a. DATE OF OPERATION 0		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT, SUICIDE, HOMICIDE (Specify)		21b. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		21c. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21d. TIME (Month) (Day) (Year) (Hour) OF INJURY		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from 3/28 , 19 52 , to 4/7 , 19 53 , that I last saw the deceased alive on 4/7 , 19 53 , and that death occurred at 7:15 p. m., from the causes and on the date stated above.					
23a. SIGNATURE Georgia Reynolds		23b. ADDRESS Union Memorial Hospital		23c. DATE SIGNED 4/7/53	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 4/10/53		24c. NAME OF CEMETERY OR CREMATORY Whatcoat Meth Cem.	
24d. LOCATION (City, town, or county) (State) Snow Hill, Md.		25. FUNERAL DIRECTOR Huntington Williams, M.D. & Sons Balto. 17, Md.			

REPUBLIC OF THE PHILIPPINES
DEPARTMENT OF HEALTH
BUREAU OF PREVENTIVE MEDICINE
OFFICE OF THE ASSISTANT SECRETARY
FOR PREVENTIVE MEDICINE
MANILA

Form No. 1
Rev. 1-1-50

NAME OF PATIENT: _____

AGE: _____ SEX: _____

DATE OF BIRTH: _____

PLACE OF BIRTH: _____

DATE OF ENTRY: _____

PLACE OF ENTRY: _____

DATE OF DEPARTURE: _____

PLACE OF DEPARTURE: _____

DATE OF RETURN: _____

PLACE OF RETURN: _____

DATE OF RE-ENTRY: _____

PLACE OF RE-ENTRY: _____

DATE OF DEPARTURE: _____

PLACE OF DEPARTURE: _____

DATE OF RETURN: _____

PLACE OF RETURN: _____

DATE OF RE-ENTRY: _____

PLACE OF RE-ENTRY: _____

DATE OF DEPARTURE: _____

PLACE OF DEPARTURE: _____

DATE OF RETURN: _____

PLACE OF RETURN: _____

DATE OF RE-ENTRY: _____

PLACE OF RE-ENTRY: _____

DATE OF DEPARTURE: _____

PLACE OF DEPARTURE: _____

DATE OF RETURN: _____

PLACE OF RETURN: _____

DATE OF RE-ENTRY: _____

PLACE OF RE-ENTRY: _____

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No.

3200
53 3472

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

ROBERT E. JOY, JR.

2. DATE
OF
DEATH

4-7-53

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence

A. STATE

B. COUNTY

before admission)

5. FULL NAME OF
HOSPITAL OR
INSTITUTION (If not in hospital or institution, give street address or
location)

MD. GEN. HOSP.

C. CITY OR TOWN

(If outside corporate limits, write RURAL and give
township)

BALTO.

BALTO.

9-08

D. STREET ADDRESS (If rural, give location)

906 BONAPARTE AVE. #18

Length of stay in Baltimore

36 Yrs.
Mow
Days

5. SEX

M

6. COLOR OR RACE

W

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

M

8. DATE OF BIRTH

5-28-11

9. AGE (In years

last birthday)

41

If Under 1 Year

Months: Days

10 13

Hours: Min.

10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

MACHINIST

10B. KIND OF BUSINESS OR
INDUSTRY

Shop.

11. BIRTHPLACE (State or foreign country)

MD.

12. CITIZEN OF
WHAT COUNTRY?

U.S.

13. FATHER'S NAME

ROBERT E. JOY, SR.

14. MOTHER'S MAIDEN NAME

CATHERINE THOMAS

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)

UNKNOWN

16. SOCIAL
SECURITY NO.

17. INFORMANT

FRANCES JOY

ADDRESS

SAME

18. 420.1

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g.,
heart failure, asthma, etc. It means the disease,
injury or complication which caused death.)(A) MYOCARDIAL INFARCTION 1 DAY
DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.(B) OBESITY
DUE TO
(C)

II

OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

m. WHILE AT ☐ NOT WHILE
WORK AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 4-6, 1953, to 4-7, 1953 that I last saw the
deceased alive on 4-7, 1953, and that death occurred at 3:30 A.m., from the causes and on the date stated above.

23A. SIGNATURE

A. Duckworth

M. D.

23B. ADDRESS

2nd. Gen. Hosp.

23C. DATE SIGNED

4-7-53

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

24B. DATE

4-11-53

24C. NAME OF CEMETERY OR CREMATORY

Mt. Holy Cross Cemetery Baltimore Md

24D. LOCATION (City, town, or county)

(State)

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

Huntington Williams

25. FUNERAL DIRECTOR

ADDRESS

Edwin M. Gorkin 5444 Belair Rd

RECEIVED
JAN 10 1964
U.S. AIR FORCE
HONOLULU, HAWAII

200
53 3473BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 53 3473

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Louis E. Diaz

2. DATE
OF
DEATH

4/6/53

3. PLACE OF DEATH:

A. Baltimore City, Maryland

Baltimore

B. FULL NAME OF
HOSPITAL OR
INSTITUTION (If not in hospital or institution, give street address or
location)

3439 Remond

4. USUAL RESIDENCE (Where deceased lived, If institution: residence
before admission)

A. STATE

B. COUNTY

C. CITY OR TOWN

(If outside corporate limits, write RURAL and give township)

D. STREET ADDRESS (If rural, give location)

5439 Remond Ave

Yrs.
Mos.
Days

Length of stay in Baltimore

5. SEX

W.

6. COLOR OR RACE

M.

7. SINGLE, MARRIED,

WIDOWED, DIVORCED (Specify)

Married

8. DATE OF BIRTH

April 3, 1894

9. AGE (In years
last birthday)

59

If Under 1 Year

Months: Days

If Under 24 Hours

Hours: Min.

10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

Clerk

10B. KIND OF BUSINESS OR
INDUSTRY

Insurance/Broker

13. FATHER'S NAME

John Diaz

11. BIRTHPLACE (State or foreign country)

Puerto Rico

12. CITIZEN OF
WHAT COUNTRY?

US

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)

No

16. SOCIAL
SECURITY NO.

17. INFORMANT

John H. Diaz, 3228 Westmont Ave

ADDRESS

18. 443X

DISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A)

CAUSE OF DEATH

Cerebro-Vascular Hemorrhage

DUE TO

INTERVAL BETWEEN
ONSET AND DEATH

1 day

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B)

Hypertensive Cardio-Vascular Disease

(C)

II
OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

WHILE AT
WORK ☐NOT WHILE
AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 1950, 19, to Apr. 6, 1953, that I last saw the
deceased alive on Apr. 6, 1953, and that death occurred at 11:45 a.m., from the causes and on the date stated above.

23A. SIGNATURE

Lois M. Zimmerman

M. D.

23B. ADDRESS

2058 Harford Rd

23C. DATE SIGNED

Apr. 7 53

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

Burial

24B. DATE

4/9/53

24C. NAME OF CEMETERY OR CREMATORY

National Cemetery

24D. LOCATION (City, town, or county)

Baltimore

(State)

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

Huntington Williams, M.D.

25. FUNERAL DIRECTOR

ADDRESS

Clara W. Conklin 5444 Blair Rd.

Loy M. Jernigan
2858 Harford Road

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATHRegistered No. 53 3474

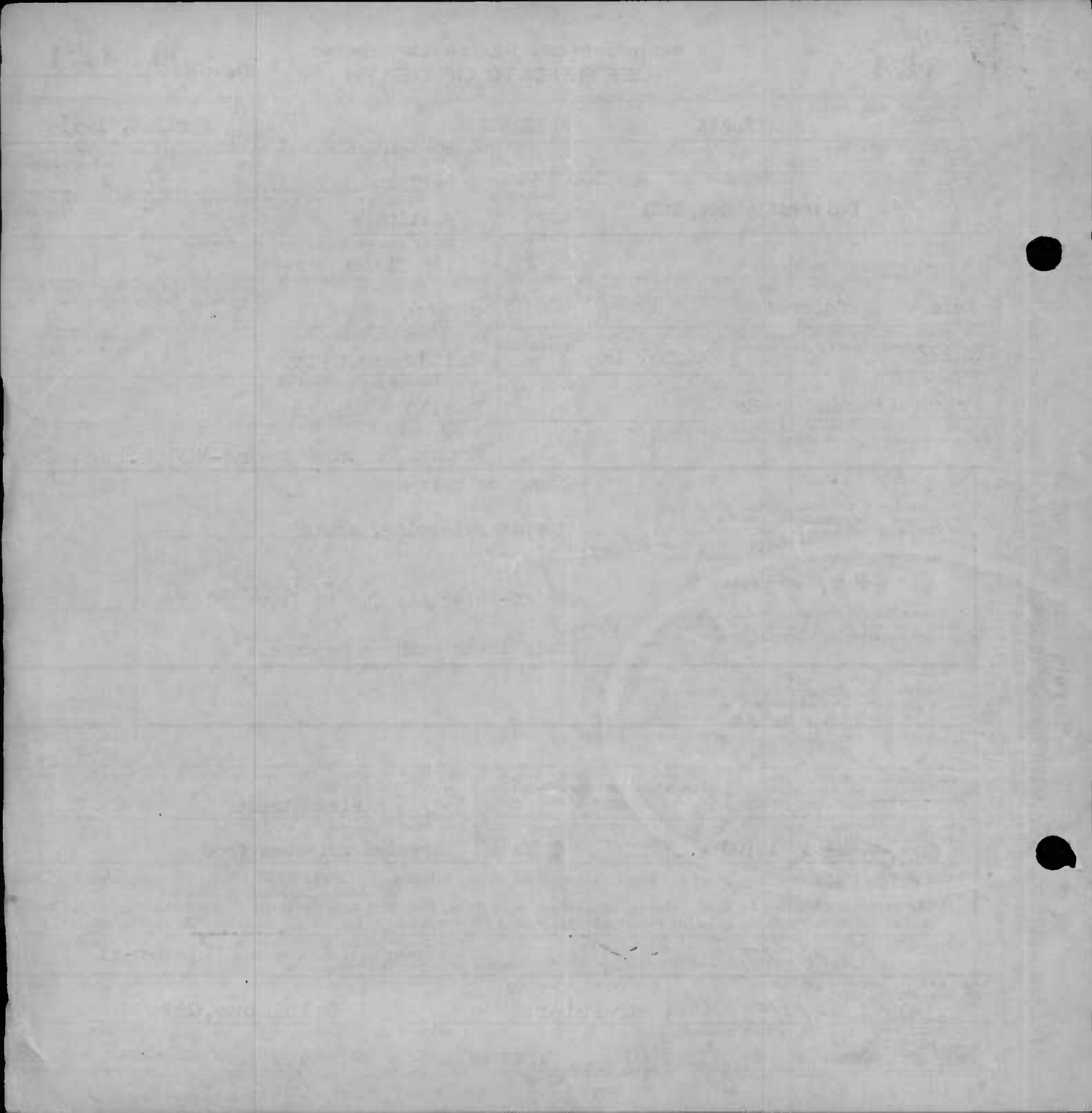
1. NAME OF DECEASED (Type or Print) FRANK ALEXANDER		2. DATE OF DEATH April 5, 1953	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Maryland B. COUNTY	
B. FULL NAME OF HOSPITAL OR INSTITUTION University Hospital		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore	
c. Length of stay in Baltimore Yrs. _____ Mos. _____ Days _____		D. STREET ADDRESS (If rural, give location) 735 Eislen Street	
5. SEX Male	6. COLOR OR RACE Colored	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) S.	8. DATE OF BIRTH 2/6/39
9. AGE (In years last birthday) 14		10. If Under 1 Year Months: _____ Days: _____	11. If Under 24 Hours Hours: _____ Min. _____
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Child		10B. KIND OF BUSINESS OR INDUSTRY School Boy	
11. BIRTHPLACE (State or foreign country) Baltimore, City		12. CITIZEN OF WHAT COUNTRY?	
13. FATHER'S NAME Frank Alexander Sr		14. MOTHER'S MAIDEN NAME Lucille Wells	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.	
17. INFORMANT Frank Alexander Sr		ADDRESS -423 S. Paca St	

18. E980X DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) (A) Arsenic poisoning, acute XXXXX		INTERVAL BETWEEN ONSET AND DEATH
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. (B) Gastro-enteritis due to above XXXX		
(C) Acute lower nephron nephrosis		
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		

19A. DATE OF OPERATION		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
21A. EXTERNAL CAUSE WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH.		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.) home		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location) 735 Eislen Street	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY 4-4-53 10:00 A.m.		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		21F. HOW DID INJURY OCCUR? Ingested poisoned food	
22. I certify that I took charge of the remains described above, held an autopsy thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes <input type="checkbox"/> , accident <input type="checkbox"/> , suicide <input type="checkbox"/> , homicide <input checked="" type="checkbox"/> , undetermined <input type="checkbox"/> .					
23A. SIGNATURE <i>R. F. Fisher</i>		23B. CHIEF MEDICAL EXAMINER..... ASSISTANT MEDICAL EXAMINER..... M.D. MEDICAL INVESTIGATOR.....		23C. DATE SIGNED 4-8-53	

24A. BURIAL, CREMATION, REMOVAL (Specify) Burial	24B. DATE 4/9/53	24C. NAME OF CEMETERY OR CREMATORY St Peters	24D. LOCATION (City, town, or county) (State) Baltimore, City
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DATE RECEIVED BY LOCAL REGISTRAR	REGISTRAR'S SIGNATURE <i>Huntington Williams, Jr.</i>	25. FUNERAL DIRECTOR <i>Isaac L. Brown & Co.</i>	ADDRESS <i>108 W. Montgomery St</i>
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**BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH**

Registered No. **53 3475**

BIRTH NO. **53 3475**

1. NAME OF DECEASED (Type or Print) Archie Cole			2. DATE OF DEATH 4-6-53		
3. PLACE OF DEATH: A. Baltimore City, Maryland City			4. USUAL RESIDENCE (Where deceased lived. If institutio residence before admission) A. STATE Maryland B. COUNTY		
B. FULL NAME OF HOSPITAL OR INSTITUTION 2702 Claflin Court			C. CITY OR TOWN Baltimore (If outside corporate limits, write RURAL and give township)		
c. Length of stay in Baltimore 5 4 years			D. STREET ADDRESS (If rural, give location) 2702 Claflin Court		
5. SEX Male	6. COLOR OR RACE Negro	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH 3-17-1887		9. AGE (In years last birthday) 66
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Storekeeper		10B. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) Charlotte Court, VA.		12. CITIZEN OF WHAT COUNTRY? U. S. A.
13. FATHER'S NAME Archie Cole			14. MOTHER'S MAIDEN NAME Susie White		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) Yes Aug 3, 1918 - 3-17-19			16. SOCIAL SECURITY NO. 8-10-1478		17. INFORMANT ADDRESS Catherine Cole - Same.

18. 592X DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) Cerebral Accident		INTERVAL BETWEEN ONSET AND DEATH 12 days
DUE TO (A)		
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. Hypertensive Heart Disease		
DUE TO (B)		
Chronic Nephritis		
DUE TO (C)		

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. Epilepsy, Chronic		13 yrs.
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19A. DATE OF OPERATION 0		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> ND <input type="checkbox"/>	
21A. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	

22. I hereby certify that I attended the deceased from **May**, 19**48**, to **April 6**, 19**53**, that I last saw the deceased alive on **4-5**, 19**53**, and that death occurred at **8:30 P. M.**, from the causes and on the date stated above.

23A. SIGNATURE John L. Luck M. D.		23B. ADDRESS 427 Swale Ave		23C. DATE SIGNED 4-6-53	
24A. BURIAL, CREMATION, REMOVAL (Specify) Burial		24B. DATE 4/9/53		24C. NAME OF CEMETERY OR CREMATORY Baltimore National Ct	
24D. LOCATION (City, town, or county) Baltimore City		24E. FUNERAL DIRECTOR William H. Brown		24F. ADDRESS	
DATE RECEIVED BY LOCAL REGISTRAR		REGISTRAR'S SIGNATURE		25. FUNERAL DIRECTOR ADDRESS	

UNITED STATES DEPARTMENT OF AGRICULTURE
BUREAU OF PLANT INDUSTRY

PLANT INDUSTRY REPORT

PLANT INDUSTRY REPORT

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PLANT INDUSTRY REPORT

**BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH**

Registered No. 53 3476

435
3 3476
BIRTH NO.

1. NAME OF DECEASED (Type or Print) Amelia Moulden			2. DATE OF DEATH April 6, 1953		
3. PLACE OF DEATH: A. Baltimore City, Maryland			4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Maryland B. COUNTY		
B. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION 2106 Pennsylvania Ave.			C. CITY OR TOWN (If outside corporate limits, within RURAL and give township) Baltimore		
c. Length of stay in Baltimore Years			D. STREET ADDRESS (If rural, give location) 2106 Pennsylvania Avenue		
5. SEX Female	6. COLOR OR RACE Colored	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH Sept. 7, 1861		9. AGE (In years last birthday) 91
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) House Wife			10B. KIND OF BUSINESS OR INDUSTRY -		11. BIRTHPLACE (State or foreign country) Calvert Co. Md.
13. FATHER'S NAME William Curtis			14. MOTHER'S MAIDEN NAME Mary Howell		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) -		16. SOCIAL SECURITY NO.	17. INFORMANT ADDRESS Mary Henson 2106 Pennsylvania Ave		

18. 420.1 DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) CARDIO VASCULAR DISEASE		INTERVAL BETWEEN ONSET AND DEATH 2 yrs
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. CORONARY THROMBOSIS		
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		

19A. DATE OF OPERATION		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH	21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)		
21D. TIME (Month) (Day) (Year) (Hour) INJURY	21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21F. HOW DID INJURY OCCUR?		

22. I hereby certify that I attended the deceased from AUG 3, 1952 to APR 6, 1953 that I last saw the deceased alive on AUG 20, 1952 and that death occurred at 9 A.M. from the causes and on the date stated above.

23A. SIGNATURE <i>William Frey</i> M.O.		23B. ADDRESS <i>1928 Penna Ave</i>	23C. DATE SIGNED <i>4/8/53</i>
24A. BURIAL, CREMATION, REMOVAL (Specify) Burial	24B. DATE 4/9/53	24C. NAME OF CEMETERY OR CREMATORY Mt. Auburn Cem.	24D. LOCATION (City, town, or county) (State) Baltimore, Maryland

DATE RECEIVED BY LOCAL REGISTRAR	REGISTRAR'S SIGNATURE <i>William S. Phillips</i>	25. FUNERAL DIRECTOR ADDRESS Arlington S. Phillips 1808 N. Monroe Street
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352
3 3477

BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

53 3477
Registered No.

1. NAME OF DECEASED (Type or Print)		2. DATE OF DEATH	
Edna Nottingham		April 5, 1953	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived, in institution; residence before admission)	
B. FULL NAME OF HOSPITAL OR INSTITUTION JOHNS HOPKINS HOSPITAL		A. STATE Md B. COUNTY Baltimore	
C. Length of stay in Baltimore		D. STREET ADDRESS (If rural, give location)	
Yrs. Mos. Days		628 Beach Orchard Lane	
5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH
Female	Colored	Married	2-26-1918
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10B. KIND OF BUSINESS OR INDUSTRY	9. AGE (in years last birthday)
Housewife			35
13. FATHER'S NAME		11. BIRTHPLACE (State or foreign country)	
Ernest Johnson		Maryland	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)		12. CITIZEN OF WHAT COUNTRY?	
		U. S. A.	
16. SOCIAL SECURITY NO.		14. MOTHER'S MAIDEN NAME	
		Jrene Foster	
17. INFORMANT		ADDRESS	
JOHNS HOPKINS HOSPITAL			

18. 002X	CAUSE OF DEATH	INTERVAL BETWEEN ONSET AND DEATH
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthma, etc. It means the disease, injury or complication which caused death.)	(A) pulmonary-cardiac failure	8 weeks
ANTECEDENT CAUSES	(B) pulmonary tuberculosis	6 years
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.	(C) pneumonectomy, rt.	5 years
	thoracoplasty, rt.	4 years
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		

19A. DATE OF OPERATION		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from 3-2, 1953, to 4-5, 1953, that I last saw the deceased alive on 4-5, 1953, and that death occurred at 7:30 p. m., from the causes and on the date stated above.					
23A. SIGNATURE		23B. ADDRESS		23C. DATE SIGNED	
Redmond J. Jones		JOHNS HOPKINS HOSPITAL		6 April 53	
24A. BURIAL, CREMATION, REMOVAL (Specify)		24B. DATE		24C. NAME OF CEMETERY OR CREMATORY	
Burial		4-9-53		Mt Auburn	
24D. LOCATION (City, town, or county)		24E. FUNERAL DIRECTOR		24F. ADDRESS	
Balto. Md.		C. R. Law		802 Madison Ave.	

MEDICAL CERTIFICATION

DEPARTMENT OF HEALTH
CERTIFICATE OF DEATH

IN THE CITY OF NEW YORK

DECEASED

NAME

RESIDENCE

SEX

AGE

DATE

TIME

8

1913

1/11/13

520
3 3478BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 53 3478

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Angelo Bianca

2. DATE
OF
DEATH

4.6.53

3. PLACE OF DEATH:

A. Baltimore City, Maryland 1754 William

B. FULL NAME OF
HOSPITAL OR
INSTITUTION (If not in hospital or institution, give street address or location)4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE Md.

B. COUNTY

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)
BALTIMORE 24-03c. Length of stay in Baltimore
Yrs.
Mos.
DaysD. STREET ADDRESS (If rural, give location)
1754 WILLIAM ST.

5. SEX

M.

6. COLOR OR RACE

W.

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

M.

8. DATE OF BIRTH

9.29.74

9. AGE (In years
last birthday)

78

If Under 1 Year
Months: DaysIf Under 24 Hours
Hours: Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

HAT CLEANER

10B. KIND OF BUSINESS OR
INDUSTRY

- OWN.

11. BIRTHPLACE (State or foreign country)

ITALY

12. CITIZEN OF
WHAT COUNTRY?

13. FATHER'S NAME

GIOVANNA BONANNO

14. MOTHER'S MAIDEN NAME

UNKNOWN

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)

NO.

16. SOCIAL
SECURITY NO.

17. INFORMANT

ADDRESS

Family - Same

18. 160X

CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A)

DUE TO

CARCINOMATOUS

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B)

DUE TO

(C)

Squamous cell Carcinoma of
noseINTERVAL BETWEEN
ONSET AND DEATH

6 mos

9/23/52

MEDICAL CERTIFICATION

II
OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR? (If in Baltimore City, give exact location)21D. TIME (Month) (Day) (Year) (Hour)
INJURY21E. INJURY OCCURRED
WHILE AT ☐ NOT WHILE ☐
WORK AT WORK

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Sept. 1952 to April 6, 1953, that I last saw the
deceased alive on April 6, 1953 and that death occurred at 5P m., from the causes and on the date stated above.

23A. SIGNATURE

Dr. H. J. Saranico

M. D.

23B. ADDRESS

436 E. Fort Ave

23C. DATE SIGNED

4/8/53

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

24B. DATE

4.10.53

24C. NAME OF CEMETERY OR CREMATORY

CATH. Cem.

24D. LOCATION (City, town, or county)

BALTIMORE

(State)

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

Huntington Williams, M.D.

25. FUNERAL DIRECTOR

ADDRESS

130 E. FORT AVE.

APR 8-1953

VS 150

MINISTRY OF HEALTH
CERTIFICATE OF DEATH

13

DATE

13

STATE

DATE

LOCALITY

DECEASED

NAME

AGE

SEX

RELIGION

EDUCATION

OCCUPATION

CAUSE OF DEATH

DATE OF DEATH

PLACE OF DEATH

TIME OF DEATH

WITNESSES

SIGNATURE

DATE

PLACE

TIME

WITNESSES

SIGNATURE

DATE

PLACE

TIME

WITNESSES

SIGNATURE

DATE

PLACE

TIME

WITNESSES

SIGNATURE

DATE

PLACE

TIME

WITNESSES

SIGNATURE

DATE

PLACE

TIME

WITNESSES

SIGNATURE

220
53 3479

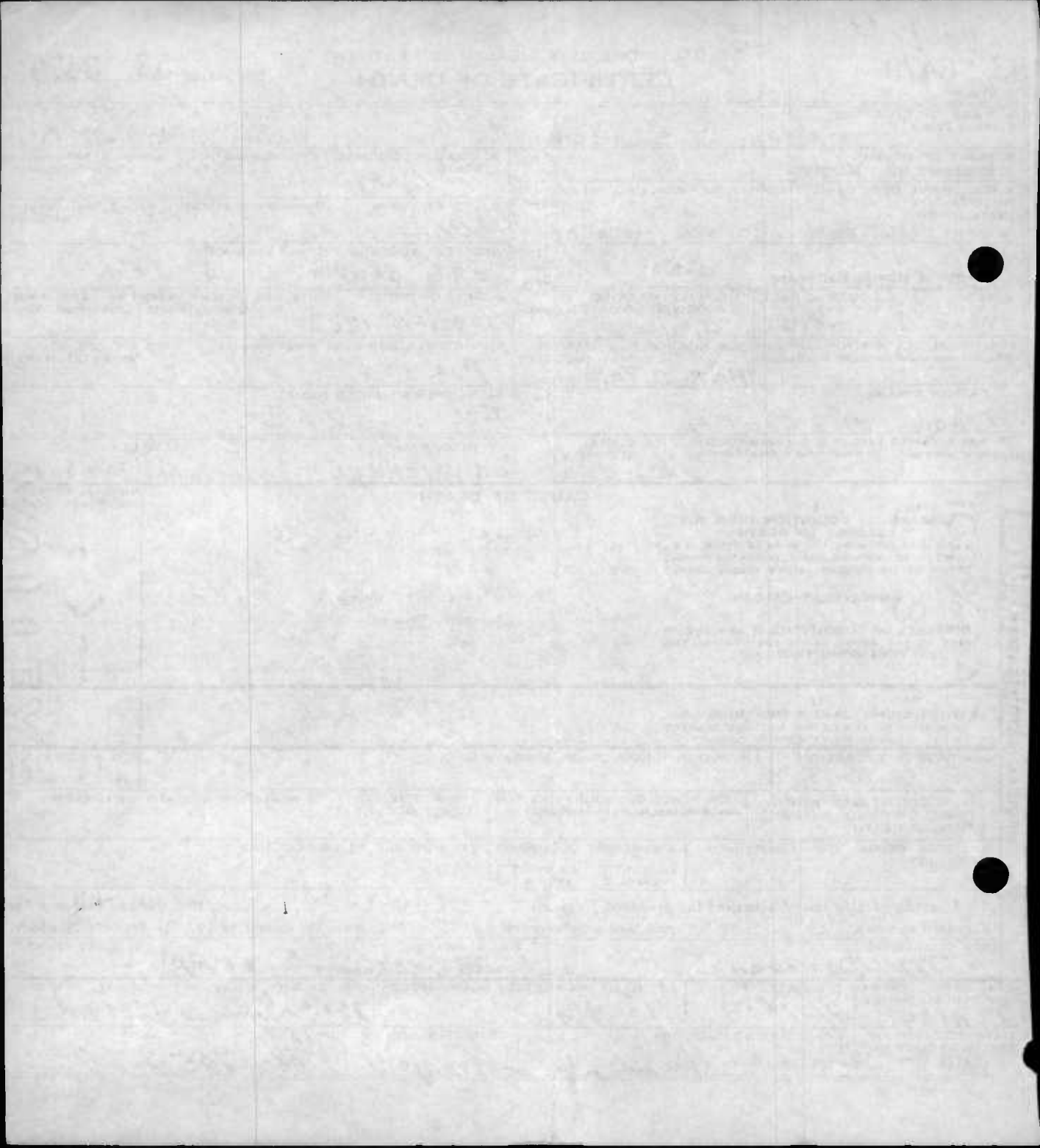
BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 53 3479

BIRTH NO.		1. NAME OF DECEASED (Type or Print) <u>JOSEPH WIECIECH</u>		2. DATE OF DEATH <u>APRIL 7, 1953</u>	
3. PLACE OF DEATH: A. <u>Baltimore City, Maryland</u>		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE <u>MARYLAND</u> B. COUNTY			
B. FULL NAME OF (If not in hospital or institution, give street address or hospital or institution) <u>SOUTH BALTIMORE GENERAL HOSPITAL</u>		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <u>BALTIMORE 31 3-01</u>			
C. Length of stay in Baltimore <u>63</u> Yrs. Mos. Days		D. STREET ADDRESS (If rural, give location) <u>526 SOUTH BOND ST</u>			
5. SEX <u>MALE</u>	6. COLOR OR RACE <u>WHITE</u>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <u>WIDOWED</u>	8. DATE OF BIRTH <u>MARCH 15-1883</u>	9. AGE (In years last birthday) <u>70</u>	If Under 1 Year Months: Days If Under 24 Hours Hours: Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>TAILOR</u>		10B. KIND OF BUSINESS OR INDUSTRY <u>HOPKINS TAILORING</u>		11. BIRTHPLACE (State or foreign country) <u>POLAND</u>	
12. CITIZEN OF WHAT COUNTRY?		13. FATHER'S NAME <u>SIMON WIECIECH</u>		14. MOTHER'S MAIDEN NAME <u>FELICIA ZACZEK</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO. <u>212-03-0702</u>		17. INFORMANT ADDRESS <u>DR MICHAEL J WIECIECH 707 S. ANN</u>	
18. <u>443X I</u> CAUSE OF DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) <u>CEREBRAL THROMBOSIS</u> DUE TO ANTECEDENT CAUSES <u>HYPERTENSIVE CARDIO VASCULAR DISEASE</u> DUE TO DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.					
19A. DATE OF OPERATION <u>NONE</u>		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH		21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from <u>JANUARY 27</u> , 1953, to <u>APRIL 7</u> , 1953, that I last saw the deceased alive on <u>APRIL 7</u> , 1953, and that death occurred at <u>10:30 p.m.</u> , from the causes and on the date stated above.					
23A. SIGNATURE <u>Wm. Conway</u>		23B. ADDRESS <u>South Baltimore General Hosp.</u>		23C. DATE SIGNED	
24A. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>		24B. DATE <u>4/11/53</u>		24C. NAME OF CEMETERY OR CREMATORY <u>HOLY ROSARY</u>	
24D. LOCATION (City, town, or county) (State) <u>7335 German Hill Rd.</u>		DATE RECEIVED BY LOCAL REGISTRAR <u>APR 8-1953</u>		REGISTRAR'S SIGNATURE <u>Franklin V. Williams, M.D.</u>	
25. FUNERAL DIRECTOR <u>George A. Weber</u>		ADDRESS <u>705 S. ANN ST</u>			

MEDICAL CERTIFICATION

590 4G



B-635
53 3480BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH53 3480
Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)Norman
STANLEY BORTNER2. DATE
OF DEATH April 8, 19533. PLACE OF DEATH:
A. Baltimore City, MarylandB. FULL NAME OF (If not in hospital or institution, give street address or
HOSPITAL OR location)
INSTITUTION

1501 Ralworth Avenue Road

4. USUAL RESIDENCE (Where deceased lived. If institution: residence
before admission)
A. STATE MarylandC. CITY OR TOWN (If outside corporate limits, give RURAL and give
township)
Baltimore

O. STREET ADDRESS (If rural, give location)

1501 Ralworth Avenue Road

C. Length of stay in Baltimore

Life

5. SEX

Male

6. COLOR OR RACE

White

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

Married

8. DATE OF BIRTH

August-7-1903

9. AGE (In years
last birthday)

49

If Under 1 Year
Months DaysIf Under 24 Hours
Hours Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

Real Estate & Property Mgr. Self

10B. KIND OF BUSINESS OR
INDUSTRY

11. BIRTHPLACE (State or foreign country)

Baltimore, Maryland

12. CITIZEN OF
WHAT COUNTRY?

U. S. A.

13. FATHER'S NAME

Norman W. Bortner

14. MOTHER'S MAIDEN NAME

Harriet Simpson

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)

No

None

16. SOCIAL
SECURITY NO.

17. INFORMANT

ADDRESS

Mrs. Ruth W. Bortner (wife) Ralworth Road

18. 420.1

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A) Coronary artery sclerosis

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B)

DUE TO

(C)

II
OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☒ NO ☐21A. EXTERNAL CAUSE WAS
UNDERLYING ☐ OR CONTRIB-
UTING ☐ CAUSE OF DEATH.21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID (If in Baltimore City, give exact location)
INJURY OCCUR?21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY21E. INJURY OCCURRED
WHILE AT ☐ NOT WHILE
WORK AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I certify that I took charge of the remains described above, held an autopsy thereon and from
the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above,
and death in my opinion resulted from: natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐.

23A. SIGNATURE

J. B. Fisher

M.D.

23B. CHIEF MEDICAL EXAMINER ☒
ASSISTANT MEDICAL EXAMINER ☐
MEDICAL INVESTIGATOR ☐

23C. DATE SIGNED

April 8, 1953

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

Burial

24B. DATE

April-11-1953

24C. NAME OF CEMETERY OR CREMATORY

Druid Ridge Cemetery

24D. LOCATION (City, town, or county)

Pikesville, Maryland

(State)

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

Huntington Williams, M.D.

25. FUNERAL DIRECTOR

ADDRESS

Stewart & Mowen Co., 108 W. North Avenue

VS 151

47074

City #1.

MARGIN RESERVED FOR BINDING
PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MEMORANDUM FOR THE SECRETARY OF THE ARMY
SUBJECT: [Illegible]

1. [Illegible]

2. [Illegible]

3. [Illegible]

4. [Illegible]

5. [Illegible]

6. [Illegible]

7. [Illegible]

8. [Illegible]

9. [Illegible]

10. [Illegible]

11. [Illegible]

12. [Illegible]

13. [Illegible]

14. [Illegible]

15. [Illegible]

16. [Illegible]

17. [Illegible]

18. [Illegible]

-600
53 3481

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

53 3481
Registered No.

BIRTH NO.		1. NAME OF DECEASED (Type or Print) WILLIAM J. MURRY		2. DATE OF DEATH APRIL 7, 1953	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE MD B. COUNTY 9-03			
B. FULL NAME OF HOSPITAL OR INSTITUTION 630 E. 35TH ST.		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) BALTO.			
C. Length of stay in Baltimore LIFE		D. STREET ADDRESS (If rural, give location) 630 E. 35TH ST.			
5. SEX M	6. COLOR OR RACE W	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) WIDOWED		8. DATE OF BIRTH DEC. 28, 1881	9. AGE (In years, last birthday) 71
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) PRINTER		10B. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) MD.	
12. CITIZEN OF WHAT COUNTRY? U.S.		13. FATHER'S NAME EDWIN MURRY		14. MOTHER'S MAIDEN NAME ELIZABETH TURNER	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) No		16. SOCIAL SECURITY NO. 215-10-8782		17. INFORMANT ADDRESS WM B. MURRY 4920 IVANHOE AVE.	
18. 420.1 I DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthma, etc. It means the disease, injury or complication which caused death.) Coronary occlusion DUE TO Antecedent Causes DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. Angina pectoris arteriosclerosis none					
INTERVAL BETWEEN ONSET AND DEATH 3 mins. 15 yrs. 20 yrs.					
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.					
19A. DATE OF OPERATION none		19B. MAJOR FINDINGS OF OPERATION none		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH no		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.) none		21C. WHERE DID INJURY OCCUR? none	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY none		21E. INJURY OCCURRED WHILE AT WORK <input checked="" type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR? none	
22. I hereby certify that I attended the deceased from 3/28, 1953 to 4/7, 1953 , that I last saw the deceased alive on 4/6, 1953 , and that death occurred at 11:15 a.m. , from the causes and on the date stated above.					
23A. SIGNATURE F. R. Perill		M. D. 3601 Hicks Ave. #7		23C. DATE SIGNED 4/9/53	
24A. BURIAL, CREMATION, REMOVAL (Specify) BURIAL		24B. DATE 4-10-1953		24C. NAME OF CEMETERY OR CREMATORY MORELAND MEMORIAL	
24D. LOCATION (City, town, or county) (State) BALTO. CO. MD.		25. FUNERAL DIRECTOR ADDRESS Huntington Williams, H. W. JENKINS & SONS Co. 4905 YORK Rd			

MEDICAL CERTIFICATION

5124M

DR. PERILLA

240
53 3482BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 53 3482

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

THERESA MECCHIELLA

2. DATE
OF
DEATH

APRIL 8, 1953

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR
INSTITUTION

SOUTH BALTIMORE GENERAL HOSPITAL

C. Length of stay in Baltimore

5 Months

Yrs.
Mos.
Days

5. SEX

Female

6. COLOR OR RACE

WHITE

7. SINGLE, MARRIED,

WIDOWED, DIVORCED (Specify)

WIDOWED

8. DATE OF BIRTH

SEPT. 18 1879

9. AGE (In years
last birthday)

73

10 Under 1 Year
Months: Days11 Under 24 Hours
Hours: Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

HOUSEWIFE

10B. KIND OF BUSINESS OR
INDUSTRY

HOME

11. BIRTHPLACE (State or foreign country)

ST. AGATA - BENEVENTO-ITALY

12. CITIZEN OF
WHAT COUNTRY?

13. FATHER'S NAME

?

14. MOTHER'S MAIDEN NAME

MARIA G. DAMIANO

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknowns) (If yes, give war or dates of service)

no

16. SOCIAL
SECURITY NO.

17. INFORMANT

ADDRESS

MRS. Vincent Migliore 289 Herring Ct.

18. 204.1

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A)

DUE TO

ACUTE MYELOGENOUS LEUKEMIA

ANTECEDENT CAUSES

(B)

DUE TO

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(C)

II
OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐21A. ACCIDENT WAS UNDER-
LYING OR CONTRIBUTING
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

m.

WHILE AT
WORK ☐NOT WHILE
AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from APRIL 1, 1953, to APRIL 8, 1953, that I last saw the
deceased alive on April 8, 1953, and that death occurred at 1:30 A. M., from the causes and on the date stated above.

23A. SIGNATURE

M. D.

23B. ADDRESS

23C. DATE SIGNED

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

Burial

24B. DATE

APR. 11 1953

24C. NAME OF CEMETERY OR CREMATORY

ST. JOHN'S CEMETERY

24D. LOCATION (City, town, or county)

QUEEN'S BOROUGH N.Y.

(State)

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

322 S. High St.

CERTIFICATE CORRECTED 4-24-53

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered **53** **3483**

BIRTH NO.

1. NAME OF DECEASED (Type or Print) SOPHIA NICHOLAOU (DOXANAS)			2. DATE OF DEATH 4-6-53		
3. PLACE OF DEATH: A. Baltimore City, Maryland			4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE MD. B. COUNTY 8-03		
5. FULL NAME OF HOSPITAL OR INSTITUTION FRANKLIN SQUARE HOSPITAL			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) BALTO.		
6. Length of stay in Baltimore 14 years			D. STREET ADDRESS (If rural, give location) 1230 Edison Highway		
5. SEX F	6. COLOR OR RACE W	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) MARRIED	8. DATE OF BIRTH Sept. 18 1897 12/10/1896		9. AGE (In years last birthday) 55 56
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) NSW		10B. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) GREECE	
13. FATHER'S NAME GOSSAU			14. MOTHER'S MAIDEN NAME Thelma		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) no		16. SOCIAL SECURITY NO. None		17. INFORMANT ADDRESS Hosp. Chart	

18. E903.0 DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) (A) Pulmonary Embolus		INTERVAL BETWEEN ONSET AND DEATH 15 minute
DUE TO		
18. E903.0 DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) (B) Fracture Intracranial Rt. femur 12 day		
DUE TO		
<div style="display: flex; justify-content: space-between;"> <div> <p>19. E903.0 DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) (C)</p> <p>ANTECEDENT CAUSES</p> <p>DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.</p> <p>OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.</p> </div> <div> <p align="center">CERTIFICATION APPROVED BY</p> <p align="center"><i>William Wood</i> M. D.</p> <p align="center">CHIEF OR ASST. MEDICAL EXAMINER.</p> </div> </div>		

19A. DATE OF OPERATION 0		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21A. ACCIDENT, SUICIDE, HOMICIDE (Specify) ACCIDENT		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.) in home		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location) 1230 Edison Highway	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY 3-26-53 8 a. m.		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		21F. HOW DID INJURY OCCUR? Slipped + fell over shoes	
22. I hereby certify that I attended the deceased from 3-26 , 19 53 , to 4-6 , 19 53 , that I last saw the deceased alive on 4-6 , 19 53 , and that death occurred at 4:15 p. m. , from the causes and on the date stated above.					
23A. SIGNATURE <i>William Wood</i>		23B. ADDRESS Franklin Sq. Hosp		23C. DATE SIGNED 4-6-53	
24A. BURIAL / CREMATION, REMOVAL (Specify) Burial		24B. DATE 4-9-53		24C. NAME OF CEMETERY OR CREMATORY Greek Cemetery	
24D. LOCATION (City, town, or county) (State) Balto Md		24E. FUNERAL DIRECTOR Huntington Williams, Mr. Kambros, F. H. Inc.		24F. ADDRESS 440 E. North	

VS 150

APR 8 - 1953
VS 150 **N821.0**
2 or approval = medical Examiner

AV.

MEDICAL CERTIFICATION

28 2883

CERTIFICATE OF DEATH

2883

CERTIFICATE OF DEATH

1-9-93

P-412
53 3484BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 53 3484

BIRTH NO.		1. NAME OF DECEASED (Type or Print) <i>William P. Phillips</i>		2. DATE OF DEATH <i>4/4/53</i>	
3. PLACE OF DEATH: A. Baltimore City, Maryland <i>Baltimore</i>		4. USUAL RESIDENCE (Where deceased lived, if institution: residence before admission) A. STATE <i>Md.</i> B. COUNTY <i>Baltimore</i>			
B. FULL NAME OF HOSPITAL OR INSTITUTION <i>So. Baltimore Gen Hosp.</i>		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <i>Baltimore</i>			
C. Length of stay in Baltimore <i>Life</i>		D. STREET ADDRESS (If rural, give location) <i>107 Bloomington St</i>			
5. SEX <i>M.</i>	6. COLOR OR RACE <i>W.</i>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <i>Single</i>	8. DATE OF BIRTH <i>1907?</i>	9. AGE (in years last birthday) <i>45</i>	10. Under 1 Year Months: Days: If Under 24 Hours Hours: Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>Laborer</i>		10B. KIND OF BUSINESS OR INDUSTRY <i>Restaurant</i>		11. BIRTHPLACE (State or foreign country) <i>Baltimore</i>	
13. FATHER'S NAME <i>William P. Phillips</i>		14. MOTHER'S MAIDEN NAME <i>Elizabeth Stumpsh Phillips</i>		12. CITIZEN OF WHAT COUNTRY? <i>U.S.A.</i>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) <i>Yes</i> (If yes, give war or dates of service) <i>World War II</i>		16. SOCIAL SECURITY NO. <i>Yes</i>		17. INFORMANT ADDRESS <i>John Cronin; 107 Bloomington St.</i>	
18. <i>331X</i>		CAUSE OF DEATH			
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)		(A) <i>Cerebral Hemorrhage</i>		INTERVAL BETWEEN ONSET AND DEATH <i>2 hrs</i>	
ANTECEDENT CAUSES		(B)			
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.		DUE TO			
(C)					
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.					
19A. DATE OF OPERATION		19B. MAJOR FINDINGS OF OPERATION			
20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>					
21A. EXTERNAL CAUSE WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH		21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I certify that I took charge of the remains described above, held an <i>Autopsy</i> thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes <input checked="" type="checkbox"/> , accident <input type="checkbox"/> , suicide <input type="checkbox"/> , homicide <input type="checkbox"/> , undetermined <input type="checkbox"/> .					
23A. SIGNATURE <i>B. Fisher</i>		23B. CHIEF MEDICAL EXAMINER..... <input checked="" type="checkbox"/> ASSISTANT MEDICAL EXAMINER..... <input type="checkbox"/> MEDICAL INVESTIGATOR..... <input type="checkbox"/>		23C. DATE SIGNED <i>4/5/53</i>	
24A. BURIAL, CREMATION, REMOVAL (Specify) <i>Burial</i>		24B. DATE <i>4/8/53</i>		24C. NAME OF CEMETERY OR CREMATORY <i>Baltimore National Cem.</i>	
24D. LOCATION (City, town, or county) (State) <i>Baltimore Md.</i>		24E. FUNERAL DIRECTOR <i>Huntington Williams, 1426 Light St.</i>		24F. ADDRESS	

To S. L. Allen Aug 20/07

1885 88

1885 88

662
53 3485

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 53 3485

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

EMMA PRICILLA GRIERSON

2. DATE
OF
DEATH

4/3/53

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location)

3603-6th ST Brooklyn, Md

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE

B. COUNTY

Prince George County

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Mitchellville 6600

D. STREET ADDRESS (If rural, give location)

Maryland

Length of stay in Baltimore

1 week

5. SEX

Female

6. COLOR OR RACE

white

7. SINGLE, MARRIED,

WIDOWED, DIVORCED (Specify)

widowed

8. DATE OF BIRTH

1-17-1868

9. AGE (in years last birthday)

85

10. Under 1 Year

11. Under 24 Hours

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Housewife

10B. KIND OF BUSINESS OR INDUSTRY

13. FATHER'S NAME

Horseman

11. BIRTHPLACE (State or foreign country)

Calvert County

12. CITIZEN OF WHAT COUNTRY?

U.S.A.

14. MOTHER'S MAIDEN NAME

not known

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)

NO

16. SOCIAL SECURITY NO.

NONE

17. INFORMANT

ADDRESS

Mrs. Thomas Brady,

Punkin, Md.

CAUSE OF DEATH

18. 442X

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH

(This does not mean the mode of dying, e. g., heart failure, asthma, etc. It means the disease, injury or complication which caused death.)

(A)

Cerebral Hemorrhage

DUE TO

INTERVAL BETWEEN ONSET AND DEATH

2 days

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B)

Hypertensive Cardio-Vascular Disease

DUE TO

(C)

Arterio-Sclerosis

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

WHILE AT WORK ☐ NOT WHILE AT WORK ☐

22. I hereby certify that I attended the deceased from April 1, 1953, to 4/3, 1953, that I last saw the deceased alive on April 1, 1953, and that death occurred at 3:30 A.M., from the causes and on the date stated above.

23A. SIGNATURE

Paul Lubin

M. D.

23B. ADDRESS

320 Patuxent Ave

23C. DATE SIGNED

4/3/53

24A. BURIAL, CREMATION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county)

(State)

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

Apr. 3, 1953

Grace L. Hutchins

Wm H. Hutchins, Ovington, Maryland

2852 52

DEPARTMENT OF THE ARMY
OFFICE OF THE ADJUTANT GENERAL

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11-05

COPIES
MAILED
11-05

430
53 3486

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

53 3486
Registered No.

1. NAME OF DECEASED (Type or Print) SAMUEL L. FULD		2. DATE OF DEATH APR:6 th. 1953	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE MARYLAND B. COUNTY	
B. FULL NAME OF (If not in hospital or institution, give street address or location) 1108 Wildwood Parkway		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) BALTIMORE CITY	
D. STREET ADDRESS (If rural, give location) 1108 Wildwood Parkway		E. LENGTH OF STAY IN BALTIMORE Yrs. Life Mos. Days 	
5. SEX Male	6. COLOR OR RACE White	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH Sept:21: 1873
9. AGE (In years last birthday) 79		10. CITIZENSHIP (If Under 1 Year Months; Days; If Under 24 Hours Hours; Min.)	
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Salesman		10B. KIND OF BUSINESS OR INDUSTRY	
11. BIRTHPLACE (State or foreign country) Baltimore Maryland		12. CITIZEN OF WHAT COUNTRY? USA	
13. FATHER'S NAME Phillip Fuld		14. MOTHER'S MAIDEN NAME Nancy Strauss	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If Yes, give war or dates of service) No.		16. SOCIAL SECURITY NO. 216-10-1493	
17. INFORMANT Maria P. Fuld		ADDRESS	
18. 260X DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) Coronary Heart disease - 12 months		INTERVAL BETWEEN ONSET AND DEATH 12 months	
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. cardio-vascular disease - 5-6 yrs		DUE TO diabetes	
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. cerebral arterio sclerosis - 8 months			
19A. DATE OF OPERATION 0		19B. MAJOR FINDINGS OF OPERATION	
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH <input type="checkbox"/>		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)			
21D. TIME (Month) (Day) (Year) (Hour) INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
21F. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from March-19-1953 to April-6-1953 , that I last saw the deceased alive on April-6-1953 , and that death occurred at 9:40 A.M. from the causes and on the date stated above.			
23A. SIGNATURE D. H. Hermann		23B. ADDRESS 2404 Eutaw Place	
23C. DATE SIGNED 4/7/53			
24A. BURIAL, CREMATION, REMOVAL (Specify) Burial		24B. DATE Apr:9:1953	
24C. NAME OF CEMETERY OR CREMATORY Woodlawn Cemetary		24D. LOCATION (City, town, or county) (State) Woodlawn Maryland	
25. FUNERAL DIRECTOR Huntington Williams		ADDRESS F. B. Wippert & Son	

MEDICAL CERTIFICATION

1994-1995

1994-1995

1994-1995

1994-1995

1994-1995

1994-1995

1994-1995

1994-1995

1994-1995

1994-1995

1994-1995

-630
53 3487BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 53 3487

1. NAME OF DECEASED (Type or Print) Louise Riggin Ward			2. DATE OF DEATH Apr. 8, 1953		
3. PLACE OF DEATH: A. Baltimore City, Maryland Home			4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Md. B. COUNTY 16-07		
B. FULL NAME OF HOSPITAL OR INSTITUTION 1501 N. Hilton St			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore		
C. Length of stay in Baltimore 15 yrs. Yrs. Mos. Days			D. STREET ADDRESS (If rural, give location) 1501 N. Hilton St.		
5. SEX Female	6. COLOR OR RACE White	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Widowed	8. DATE OF BIRTH June 13, 1867	9. AGE (in years last birthday) 85	H Under 1 Year Months: Days H Under 24 Hours Hours: Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) House Wife		10B. KIND OF BUSINESS OR INDUSTRY At Home	11. BIRTHPLACE (State or foreign country) Somerset Co., Md.		12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME Sterling			14. MOTHER'S MAIDEN NAME ?		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.	17. INFORMANT ADDRESS		
18. 443X I DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) CAUSE OF DEATH (A) Acute Cardiac Dilatation DUE TO (B) Hypertensive Cardio-vascular Disease DUE TO (C) INTERVAL BETWEEN ONSET AND DEATH 3 days ?					
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.					
19A. DATE OF OPERATION 0		19B. MAJOR FINDINGS OF OPERATION			20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)		
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21F. HOW DID INJURY OCCUR?		
22. I hereby certify that I attended the deceased from Mar 15, 1953 , to April 7, 1953 that I last saw the deceased alive on April 7, 1953 and that death occurred at m. , from the causes and on the date stated above.					
23A. SIGNATURE Harry Glassman		M. D.	23B. ADDRESS 2687 Wesley Ave		23C. DATE SIGNED April 8
24A. BURIAL (CREMATION, REMOVAL) (Specify) Burial		24B. DATE 4/11/53	24C. NAME OF CEMETERY OR CREMATORY Sunny Ridge	24D. LOCATION (City, town, or county) (State) Crisfield, Md.	
DATE RECEIVED BY LOCAL REGISTRAR APR 8-1953		REGISTRAR'S SIGNATURE Huntington Williams, M.D.		25. FUNERAL DIRECTOR ADDRESS Howard H. Hubbard, 2503 Edmondson Ave	

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 53 3488

553
53 3488
BIRTH NO.

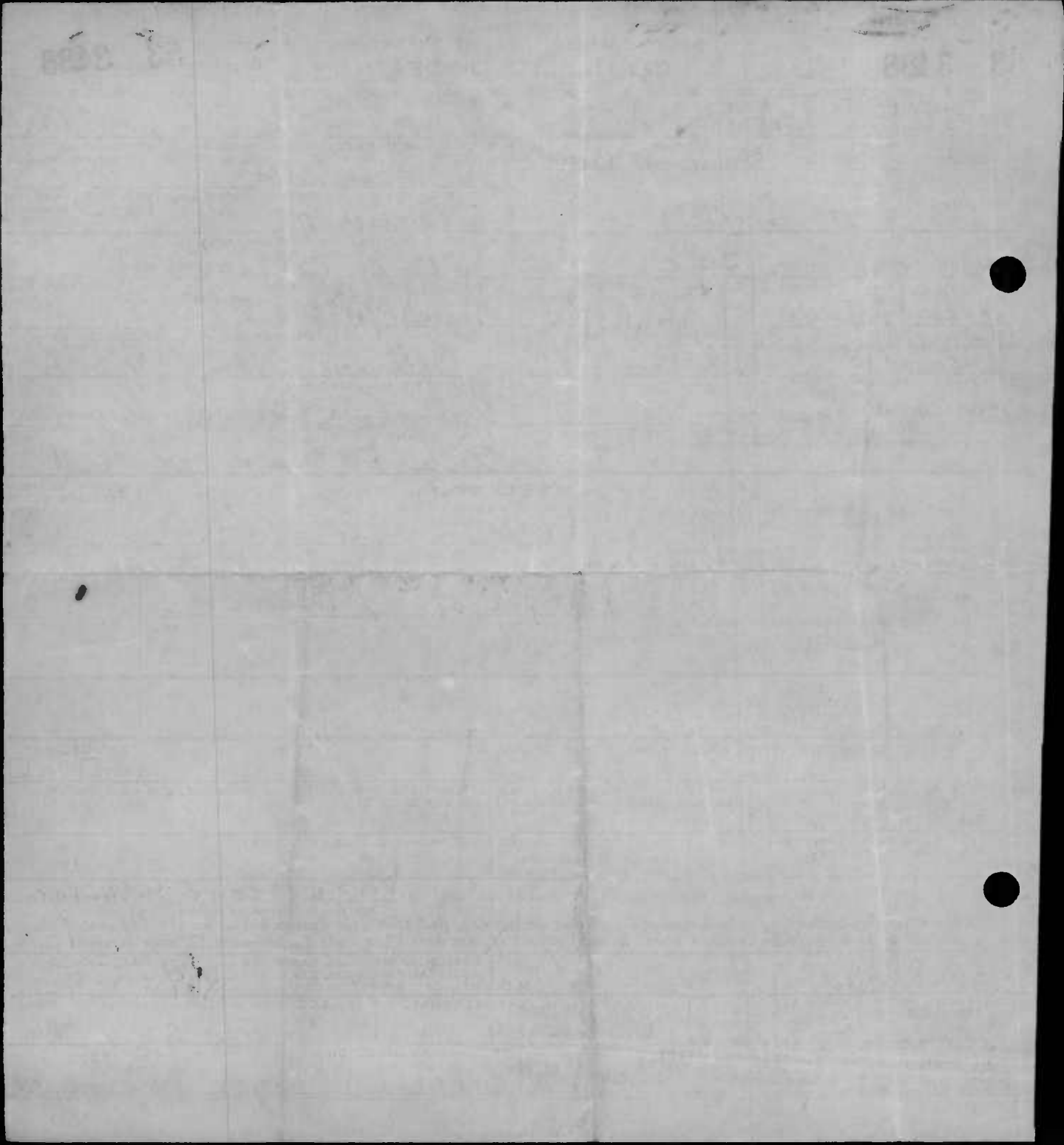
1. NAME OF DECEASED (Type as printed) JOHN AMENT		2. DATE OF DEATH 4-5-53	
3. PLACE OF DEATH: a. Baltimore City, Maryland Baltimore City		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Maryland B. COUNTY 1-03	
b. FULL NAME OF HOSPITAL OR INSTITUTION 515 S. Milton Ave		c. CITY OR TOWN (If outside corporate limits, state RURAL and give township) Baltimore	
d. STREET ADDRESS (If rural, give location) 515 S. Milton Ave		e. Length of stay in Baltimore Life	
5. SEX Male	6. COLOR OR RACE White	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) MARRIED	8. DATE OF BIRTH March 27 1898
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Laborer		10b. KIND OF BUSINESS OR INDUSTRY Pack Board B.C.	
13. FATHER'S NAME John Ament		14. MOTHER'S MAIDEN NAME Barbara Grunper	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)		17. INFORMANT Angelina Ament	
16. SOCIAL SECURITY NO. ?		ADDRESS 3006 E. Pratt St.	

18. 420.0 DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) Arteriosclerotic		INTERVAL BETWEEN ONSET AND DEATH
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. Heart Disease		
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		

19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
21a. EXTERNAL CAUSE WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH.		21b. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		21c. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21d. TIME (Month) (Day) (Year) (Hour) OF INJURY		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?	

2. I certify that I took charge of the remains described above, held an **Inspection & Inquiry** from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐.

23a. SIGNATURE Francis S. Juszczak		23b. CHIEF MEDICAL EXAMINER <input type="checkbox"/> ASSISTANT MEDICAL EXAMINER <input type="checkbox"/> MEDICAL INVESTIGATOR <input checked="" type="checkbox"/>		23c. DATE SIGNED 4-5-53	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 4-9-1953		24c. NAME OF CEMETERY OR CREMATORY Oak Lawn	
24d. LOCATION (City, town, or county) (State) Eastern Ave. Md		25. FUNERAL DIRECTOR WENDELL J. Dippel		ADDRESS Highland Ave	
DATE RECEIVED BY LOCAL REGISTRAR APR 8-1953		REGISTRAR'S SIGNATURE Huntington Williams, M.D.		3125	



**BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH**

53 3489
Registered No.

360
53 3489
BIRTH NO.

1. NAME OF DECEASED (Type or Print) Mr. T. Tiliston EMERY RITTER		2. DATE OF DEATH APRIL 7, 1953	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE MARYLAND B. COUNTY	
B. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION Lutheran Hospital of Maryland, Inc.		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) BALTIMORE #29 20-07	
Length of stay in Baltimore Life		D. STREET ADDRESS (If rural, give location) 3333 Edmondson Ave	
5. SEX Male	6. COLOR OR RACE White	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH 1/4/1870
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Blacksmith		10B. KIND OF BUSINESS OR INDUSTRY B&O Railroad	9. AGE (In years last birthday) 83
11. BIRTHPLACE (State or foreign country) Balto. County Md.		12. CITIZEN OF WHAT COUNTRY?	
13. FATHER'S NAME Thomas H. Ritter		14. MOTHER'S MAIDEN NAME Marcella Grimes	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.	
17. INFORMANT Mrs Cora Ritter, 429 Ingleside Ave		ADDRESS	

MEDICAL CERTIFICATION	18. 490X DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) BILATERAL PNEUMONIA		INTERVAL BETWEEN ONSET AND DEATH 4 months
	(A) DUE TO		
	(B) DUE TO		
	(C) DUE TO		
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. Chronic Glomerular Nephritis ?			

19A. DATE OF OPERATION 2/		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)		21B. PLACE OF INJURY (a.g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from April 6, 1953 to April 7, 1953 that I last saw the deceased alive on April 7, 1953 , and that death occurred at 3:39 m., from the causes and on the date stated above.					
23A. SIGNATURE William D. Rosson		23B. ADDRESS Lutheran Hospital of Maryland		23C. DATE SIGNED 4/7/53	
24A. BURIAL, CREMATION, REMOVAL (Specify) Burial		24B. DATE April 10/53		24C. NAME OF CEMETERY OR CREMATORY Salem Lutheran	
24D. LOCATION (City, town, or county) (State) Catonsville Md.		25. FUNERAL DIRECTOR Harvey H. Kutzke		ADDRESS 101 Edmondson Ave.	

W-550

53 3490

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 53 3490

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Ruby Amelia Wieman

2. DATE
OF
DEATH

April 7 1953

3. PLACE OF DEATH:

A. Baltimore City, Maryland

1400 N. Lexington St.

B. FULL NAME OF
HOSPITAL OR
INSTITUTION

*Aged Women's
and Aged Men's Homes*

Length of stay in Baltimore

Yrs.
Mos.
Days

5. SEX

Female

6. COLOR OR RACE

White

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

Widowed

10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

10B. KIND OF BUSINESS OR
INDUSTRY

13. FATHER'S NAME

John Goss

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown)

16. SOCIAL
SECURITY NO.

18. *331X*

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A) DUE TO

Central Hemorrhage

1 week

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B) DUE TO

Arteriosclerosis Vascular Disease

(C)

OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒

21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH

21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID
INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

WHILE AT ☐ NOT WHILE ☐
WORK AT WORK

22. I hereby certify that I attended the deceased from *January*, 1949, to *April 7*, 1953, that I last saw the
deceased alive on *April 7*, 1953, and that death occurred at *10:00 a. m.*, from the causes and on the date stated above.

23A. SIGNATURE

Newland E. Day

23B. ADDRESS

4-E-33rd St -18

23C. DATE SIGNED

April 9, 1953

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

Burial

24B. DATE

4/10/53

24C. NAME OF CEMETERY OR CREMATORY

Western Cemetery

24D. LOCATION (City, town, or county)

Baltimore, Maryland

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

Huntington Williams, M.D.

25. FUNERAL DIRECTOR

ADDRESS

Wm. Cork, Inc. 1217 N. Paul St

53 3491

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 53 3491

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

JOSEPH A. GIBSON

2. DATE
OF DEATH April 8, 1953

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence
A. STATE B. COUNTY

New York

B. FULL NAME OF (If not in hospital or institution, give street address or
HOSPITAL OR location)
INSTITUTION

Baltimore City Morgue

C. CITY OR TOWN (If outside corporate limits, write RURAL and give
township)

Pleasantville

D. STREET ADDRESS (If rural, give location)

Perrytown Road

c. Length of stay in Baltimore

5. SEX

Male

6. COLOR OR RACE

White

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

Married

8. DATE OF BIRTH

5/26/1911

9. AGE (In years
last birthday)

41

If Under 1 Year
Months DaysIf Under 24 Hours
Hours Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

Salesman

10B. KIND OF BUSINESS OR
INDUSTRY

Advertising

11. BIRTHPLACE (State or foreign country)

New York

12. CITIZEN OF
WHAT COUNTRY?

13. FATHER'S NAME

(Unknown) Gibson

14. MOTHER'S MAIDEN NAME

Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)16. SOCIAL
SECURITY NO.

17. INFORMANT

ADDRESS

18. 420.1

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A) Coronary artery sclerosis

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B)

DUE TO

(C)

II
OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☒ NO ☐21A. EXTERNAL CAUSE WAS
UNDERLYING ☐ OR CONTRIB-
UTING ☐ CAUSE OF DEATH.21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID (If in Baltimore City, give exact location)
INJURY OCCUR?21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

WHILE AT ☐ NOT WHILE ☐
WORK AT WORK

21F. HOW DID INJURY OCCUR?

22. I certify that I took charge of the remains described above, held an autopsy thereon and from
the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above,
and death in my opinion resulted from: natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐.

23A. SIGNATURE

R. B. Fisher

23B. CHIEF MEDICAL EXAMINER ☒
ASSISTANT MEDICAL EXAMINER ☐
M.D. MEDICAL INVESTIGATOR ☐

23C. DATE SIGNED

4/8/53

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

Removal

24B. DATE

4/9/53

24C. NAME OF CEMETERY OR CREMATORY

Pleasantville

24D. LOCATION (City, town, or county)

N. J.

(State)

DATE RECEIVED BY
LOCAL REGISTRAR

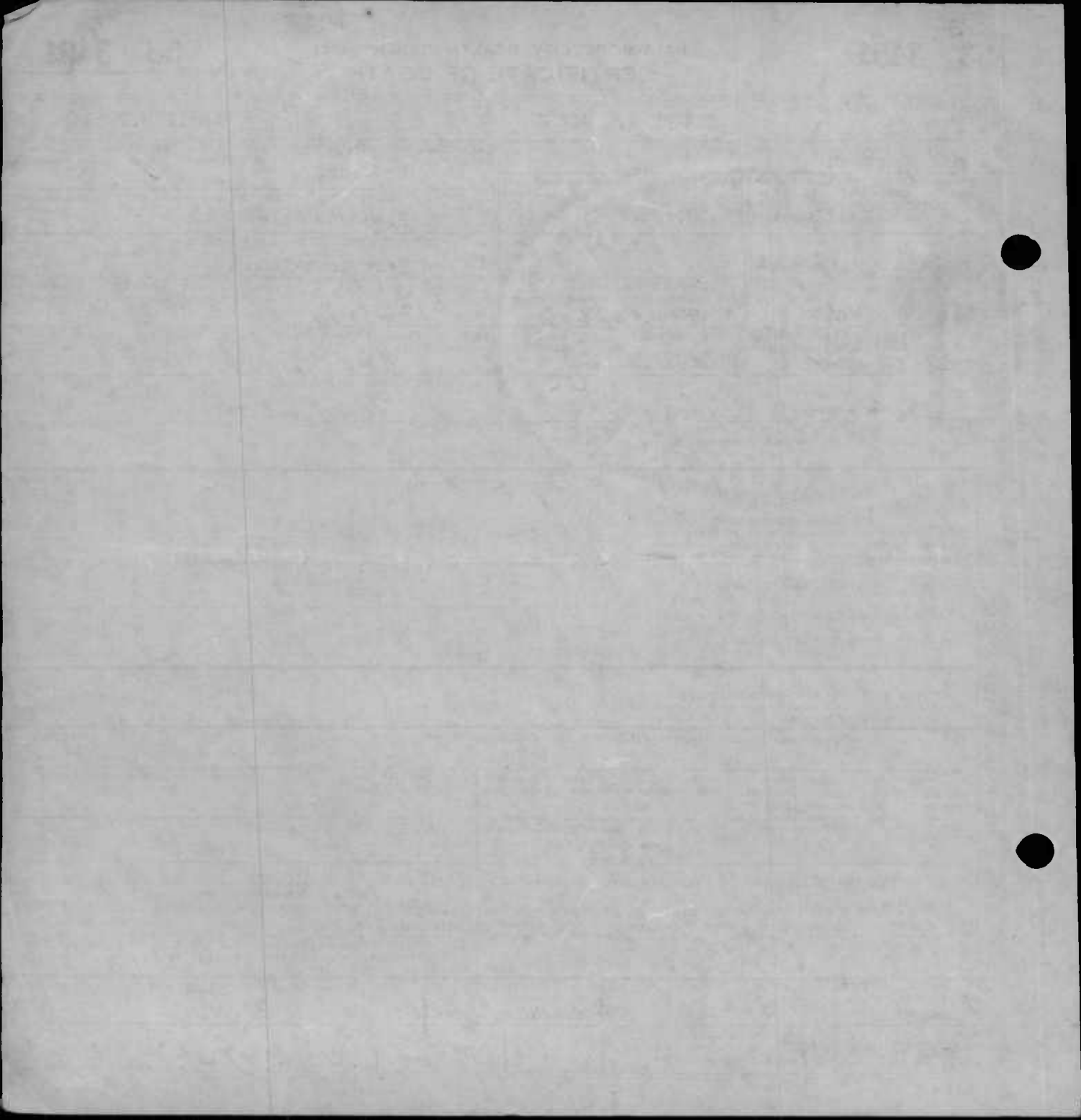
REGISTRAR'S SIGNATURE

Huntington Williams

25. FUNERAL DIRECTOR

ADDRESS

Wm. Cook Inc. 1217 St. Paul St



324
53 3492

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 53 3492

BIRTH NO. _____

1. NAME OF DECEASED (Type or Print) *Robert E. Mitchell*

2. DATE OF DEATH *Apr. 7-1953*

3. PLACE OF DEATH:
A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution, residence before admission)
A. STATE *Md* B. COUNTY _____

5. FULL NAME OF HOSPITAL OR INSTITUTION *JOHNS HOPKINS HOSPITAL*

6. CITY OR TOWN *Baltimore*

7. STREET ADDRESS (If rural, give location) *828 S. Bond St*

8. DATE OF BIRTH *5-10-1904*

9. AGE (In years, Months, Days) *48*

10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) *PIPE FITTER*

11. BIRTHPLACE (State or foreign country) *BALTIMORE, MARYLAND*

12. CITIZEN OF WHAT COUNTRY? _____

13. FATHER'S NAME *WILLIAM MITCHELL*

14. MOTHER'S MAIDEN NAME *MARGARET DONAHUE*

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) *No*

16. SOCIAL SECURITY NO. *219-07-4827*

17. INFORMANT *JOHNS HOPKINS HOSPITAL* ADDRESS _____

18. *493X and 002X* CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) *Pneumonia, pneumo-coccal*

19. ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B) _____

(C) _____

20. INTERVAL BETWEEN ONSET AND DEATH *10 da.*

21. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. *Pulmonary Tuberculosis years*

19A. DATE OF OPERATION _____

19B. MAJOR FINDINGS OF OPERATION _____

20. AUTOPSY? YES ☐ NO ☒

21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH ☐

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.) _____

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location) _____

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY _____

21E. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21F. HOW DID INJURY OCCUR? _____

22. I hereby certify that I attended the deceased from *4-6*, 19*53*, to *4-7*, 19*53*, that I last saw the deceased alive on *4-7*, 19*53*, and that death occurred at _____ m., from the causes and on the date stated above.

23A. SIGNATURE *David L. Keen*

23B. ADDRESS *JOHNS HOPKINS HOSPITAL*

23C. DATE SIGNED _____

24A. BURIAL, CREMATION, REMOVAL (Specify) *BURIAL*

24B. DATE *4/10/53*

24C. NAME OF CEMETERY OR CREMATORY *OAK LAWN CEMETERY*

24D. LOCATION (City, town, or county) (State) *BALTIMORE COUNTY, MARYLAND*

25. FUNERAL DIRECTOR *Wm. Cook, Inc. 1217 St. Paul St*

DATE RECEIVED BY LOCAL REGISTRAR *APR 8-1953*

REGISTRAR'S SIGNATURE *Huntington Williams, M.D.*

MEDICAL CERTIFICATION

UNITED STATES DEPARTMENT OF HEALTH
CERTIFICATE OF DEATH

1. Name of deceased		2. Sex		3. Age		4. Date of death	
5. Place of death		6. Cause of death		7. Manner of death		8. Signature of physician	
9. Signature of registrar		10. Signature of informant		11. Signature of medical examiner		12. Signature of coroner	
13. Signature of funeral director		14. Signature of undertaker		15. Signature of cemetery		16. Signature of burial place	
17. Signature of health officer		18. Signature of local health officer		19. Signature of local health officer		20. Signature of local health officer	
21. Signature of local health officer		22. Signature of local health officer		23. Signature of local health officer		24. Signature of local health officer	
25. Signature of local health officer		26. Signature of local health officer		27. Signature of local health officer		28. Signature of local health officer	
29. Signature of local health officer		30. Signature of local health officer		31. Signature of local health officer		32. Signature of local health officer	
33. Signature of local health officer		34. Signature of local health officer		35. Signature of local health officer		36. Signature of local health officer	
37. Signature of local health officer		38. Signature of local health officer		39. Signature of local health officer		40. Signature of local health officer	
41. Signature of local health officer		42. Signature of local health officer		43. Signature of local health officer		44. Signature of local health officer	
45. Signature of local health officer		46. Signature of local health officer		47. Signature of local health officer		48. Signature of local health officer	
49. Signature of local health officer		50. Signature of local health officer		51. Signature of local health officer		52. Signature of local health officer	
53. Signature of local health officer		54. Signature of local health officer		55. Signature of local health officer		56. Signature of local health officer	
57. Signature of local health officer		58. Signature of local health officer		59. Signature of local health officer		60. Signature of local health officer	
61. Signature of local health officer		62. Signature of local health officer		63. Signature of local health officer		64. Signature of local health officer	
65. Signature of local health officer		66. Signature of local health officer		67. Signature of local health officer		68. Signature of local health officer	
69. Signature of local health officer		70. Signature of local health officer		71. Signature of local health officer		72. Signature of local health officer	
73. Signature of local health officer		74. Signature of local health officer		75. Signature of local health officer		76. Signature of local health officer	
77. Signature of local health officer		78. Signature of local health officer		79. Signature of local health officer		80. Signature of local health officer	
81. Signature of local health officer		82. Signature of local health officer		83. Signature of local health officer		84. Signature of local health officer	
85. Signature of local health officer		86. Signature of local health officer		87. Signature of local health officer		88. Signature of local health officer	
89. Signature of local health officer		90. Signature of local health officer		91. Signature of local health officer		92. Signature of local health officer	
93. Signature of local health officer		94. Signature of local health officer		95. Signature of local health officer		96. Signature of local health officer	
97. Signature of local health officer		98. Signature of local health officer		99. Signature of local health officer		100. Signature of local health officer	

500
53 3493

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

53 3493
Registered No.

BIRTH NO.

1. NAME OF DECEASED (Type or Print) ALICE LAVINIA DEANE		2. DATE OF DEATH APR. 7, 1953	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived, if institution; residence before admission) A. STATE MARYLAND B. COUNTY BALTIMORE CITY	
B. FULL NAME OF HOSPITAL OR INSTITUTION UNION MEMORIAL HOSPITAL		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) BALTIMORE	
D. STREET ADDRESS (If rural, give location) 1706 E. 330 STREET		E. LENGTH OF STAY IN BALTIMORE 14 Yrs. Mos. Days	
5. SEX F	6. COLOR OR RACE W	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) SEPARATED	8. DATE OF BIRTH AUG. 26, 1878
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10B. KIND OF BUSINESS OR INDUSTRY Own Home	9. AGE (In years last birthday) 74
13. FATHER'S NAME JOHN L. SUMMERS		11. BIRTHPLACE (State or foreign country) MARYLAND	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) No		12. CITIZEN OF WHAT COUNTRY? USA	
16. SOCIAL SECURITY NO.		14. MOTHER'S MAIDEN NAME ROXANNA OLIVER	
17. INFORMANT RUSSEL S. SHAW		ADDRESS 1741 WAVERLY WAY	

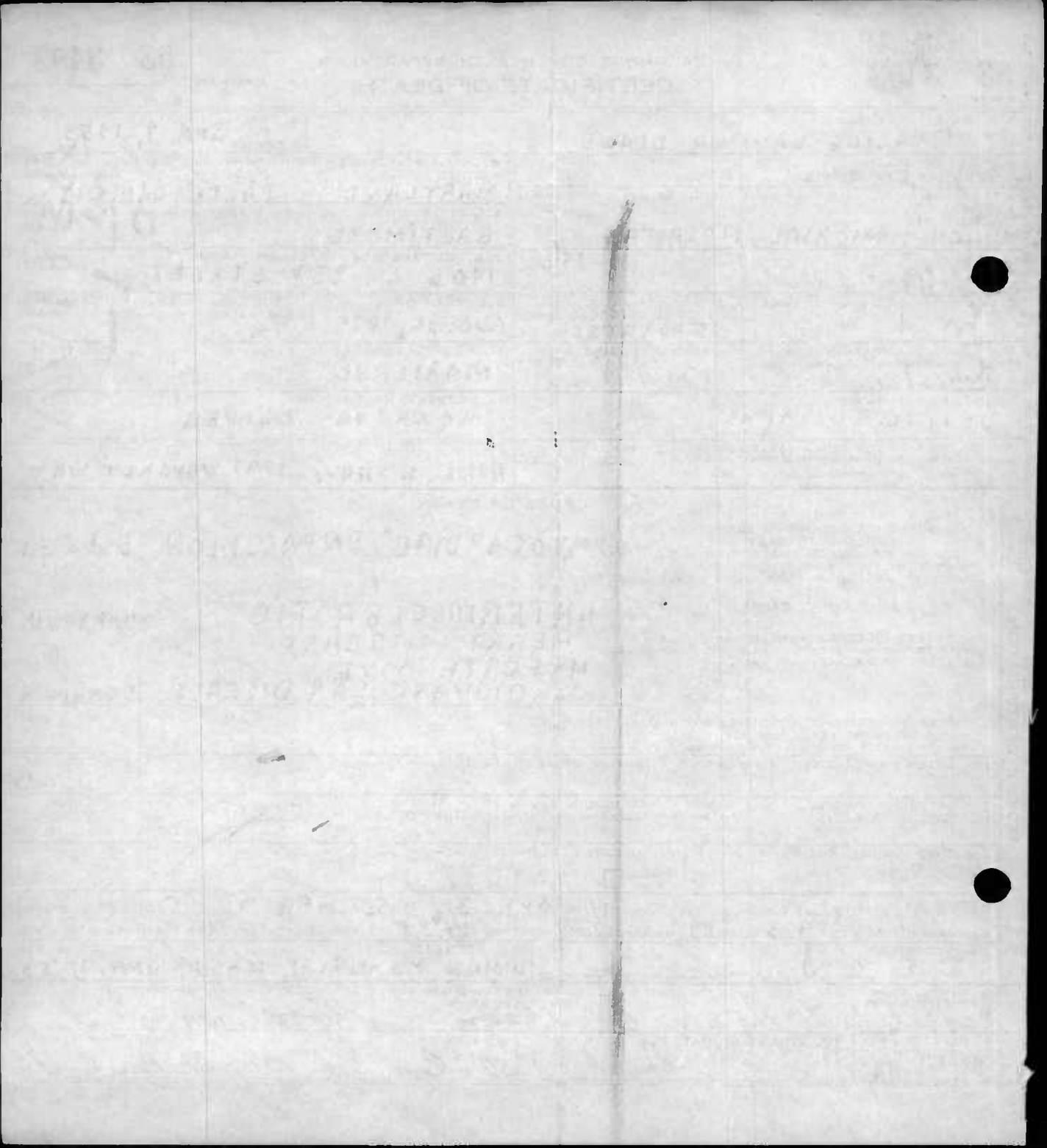
18. 420.0 DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)	CAUSE OF DEATH (A) MYOCARDIAL INFARCTION DUE TO	INTERVAL BETWEEN ONSET AND DEATH 5 days
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.	(B) ARTERIOSCLEROTIC HEART DISEASE DUE TO	UNKNOWN
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.	(C) CARDIOVASCULAR DISEASE	UNKNOWN

19A. DATE OF OPERATION 0	19B. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)	21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY	21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from **APR. 3, 1953** to **APR. 7, 1953** that I last saw the deceased alive on **APR. 3, 1953**, and that death occurred at **4:40 P.m.**, from the causes and on the date stated above.

23A. SIGNATURE E. E. J. Russell Jr. M.D.	23B. ADDRESS UNION MEMORIAL HOSP.	23C. DATE SIGNED APR. 7, '53
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24A. BURIAL, CREMATION, REMOVAL (Specify) Burial	24B. DATE 4/10/53	24C. NAME OF CEMETERY OR CREMATORY Woodlawn	24D. LOCATION (City, town, or county) (State) Woodlawn Md.
DATE RECEIVED BY LOCAL REGISTRAR APR 8 - 1953	REGISTRAR'S SIGNATURE Huntington Williams, M.D.	25. FUNERAL DIRECTOR Wm. Cook Inc. 1217 St. Paul St.	



452
53 3494BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 53 3494

BIRTH NO.

1. NAME OF DECEASED (Type or Print) HOMER LEE BLANKENSHIP		2. DATE OF DEATH APRIL 6, 1953	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived, If institution: residence before admission) A. STATE MARYLAND B. COUNTY	
B. FULL NAME OF HOSPITAL OR INSTITUTION MERCY HOSPITAL, INC.		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) BALTIMORE	
c. Length of stay in Baltimore 15 Yrs. Mrs. Days		D. STREET ADDRESS (If rural, give location) 721 ST PAUL ST.	
5. SEX MALE	6. COLOR OR RACE WHITE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) MARRIED	8. DATE OF BIRTH 4-12-16
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) MERCHANT SEAMAN		10B. KIND OF BUSINESS OR INDUSTRY SHIPPING	9. AGE (In years last birthday) 36
11. BIRTHPLACE (State or foreign country) WEST VIRGINIA		12. CITIZEN OF WHAT COUNTRY? U. S. A.	
13. FATHER'S NAME ALBERT BLANKENSHIP		14. MOTHER'S MAIDEN NAME LIZABETH DAVIS	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) NO		16. SOCIAL SECURITY NO. 24-12-9491	
17. INFORMANT ELMER BLANKENSHIP		ADDRESS 3852 FALLS ROAD	
18. 493X and 322.1 DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) PLEURAL EFFUSION DUE TO ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. PNEUMONIA DUE TO CHRONIC ALCOHOLISM		INTERVAL BETWEEN ONSET AND DEATH 2 WEEKS 2 WEEKS YEARS	
19A. DATE OF OPERATION 4-9-53		19B. MAJOR FINDINGS OF OPERATION	
20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>			
21A. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)		21D. TIME (Month) (Day) (Year) (Hour) INJURY	
21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from APRIL 6, 1953 , to APRIL 6, 1953 , that I last saw the deceased alive on APR 6, 1953 , and that death occurred at 7:20 Pm. , from the causes and on the date stated above.			
23A. SIGNATURE Joseph J. Michals		23B. ADDRESS Mercy Hospital	
23C. DATE SIGNED 4-6-53			
24A. BURIAL, CREMATION, REMOVAL (Specify) Burial		24B. DATE 4/9/53	
24C. NAME OF CEMETERY OR CREMATORY Meadowridge Mm. Pk		24D. LOCATION (City, town, or county) (State) Dorsey, Maryland	
25. FUNERAL DIRECTOR Huntington Williams, Mgr.		ADDRESS St. M. Cook, Inc., 1217 St Paul St	
DATE RECEIVED BY LOCAL REGISTRAR APR 8-1953			

VS 150

673 55

CERTIFICATE OF DEATH

NAME OF DECEASED

AGE

SEX

DATE OF BIRTH

PLACE OF BIRTH

EDUCATION

RELIGION

CAUSE OF DEATH

DATE OF DEATH

PLACE OF DEATH

TIME OF DEATH

SEX

AGE

DATE OF BIRTH

PLACE OF BIRTH

EDUCATION

RELIGION

CAUSE OF DEATH

DATE OF DEATH

PLACE OF DEATH

TIME OF DEATH

**BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH**

53 3495

Registered No. _____

152
53 3495
BIRTH NO.

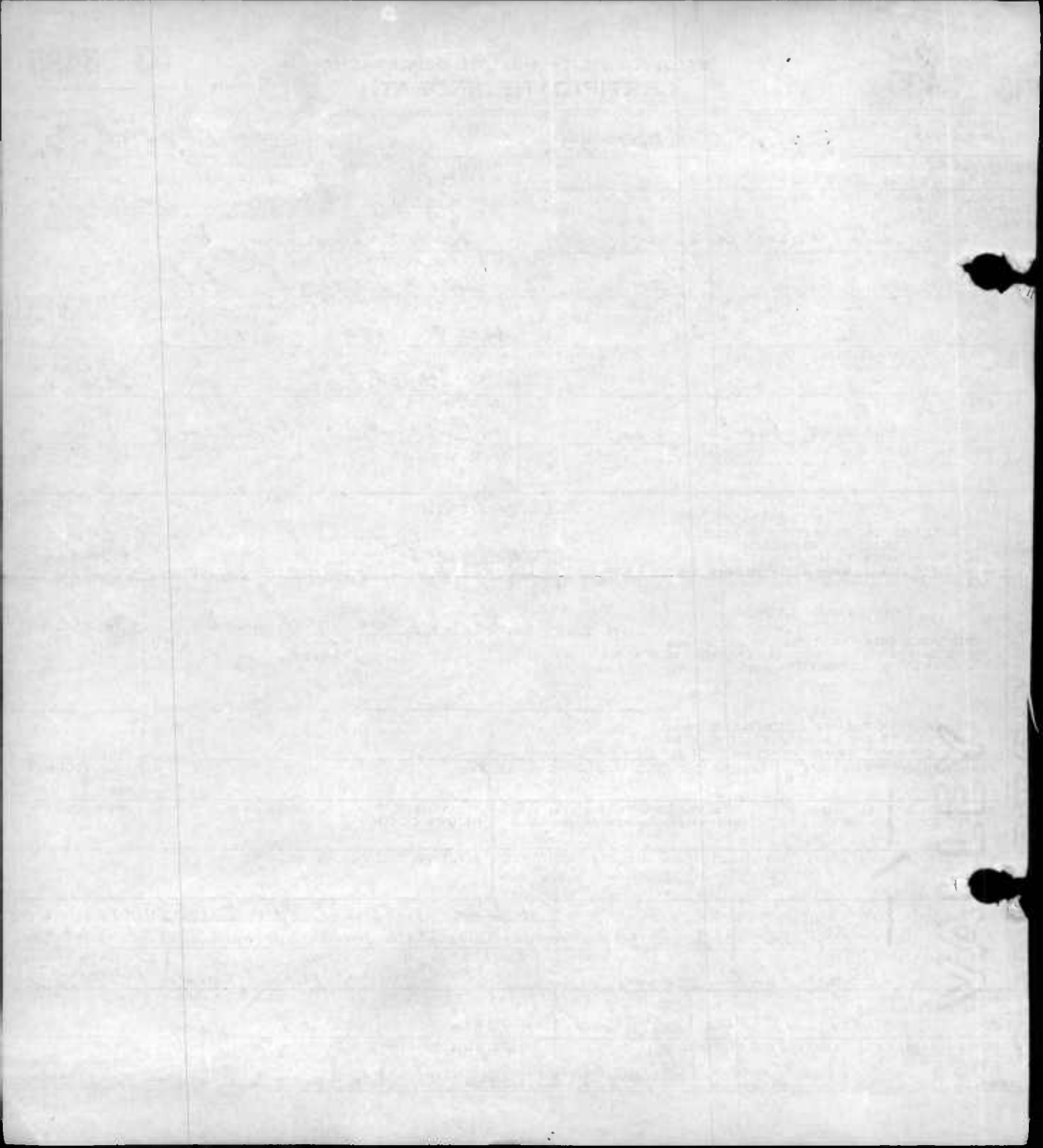
1. NAME OF DECEASED (Type or Print) John Robinson		2. DATE OF DEATH 7 April 53	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived, if institution: residence before admission) A. STATE Maryland B. COUNTY _____	
B. FULL NAME OF HOSPITAL OR INSTITUTION 2610 Ridgely St.		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore 25-33	
Length of stay in Baltimore Life		D. STREET ADDRESS (If rural, give location) 2610 Ridgely St.	
5. SEX M	6. COLOR OR RACE C	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) M.	8. DATE OF BIRTH 4-8-1892
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		9. AGE (In years, last birthday) 60	
10B. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) Maryland	
13. FATHER'S NAME Richard Robinson		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
14. MOTHER'S MAIDEN NAME Caroline Adkins		15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)	
16. SOCIAL SECURITY NO.		17. INFORMANT ADDRESS	

MEDICAL CERTIFICATION

18. 420.0 DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)	CAUSE OF DEATH (A) Coronary thrombosis DUE TO	INTERVAL BETWEEN ONSET AND DEATH 2 days
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.	(B) Arterio-sclerotic heart disease DUE TO	3 1/2 days
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		

19A. DATE OF OPERATION 0		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from 4 Dec, 1951 , to 7 April, 1953 that I last saw the deceased alive on 7 April, 1953 , and that death occurred at 6:50 P.M. , from the causes and on the date stated above.					
23A. SIGNATURE Reynold B. Hylton		23B. ADDRESS 501 Cherry Hill Road		23C. DATE SIGNED 7 Apr 53	
24A. BURIAL, CREMATION, REMOVAL (Specify) Burial		24B. DATE 4-11-53		24C. NAME OF CEMETERY OR CREMATORY Mt. Auburn	
		24D. LOCATION (City, town, or county) Balt. City			

DATE RECEIVED BY LOCAL REGISTRAR APR 8 1953		REGISTRAR'S SIGNATURE Huntington Williams, M.D.		25. FUNERAL DIRECTOR ADDRESS Wm. A. Jackson 916 Penna. ave.	
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BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH53 3496
Registered No.

1. NAME OF DECEASED (Type or Print) <i>Mary Smith</i>		2. DATE OF DEATH <i>4-7-53</i>	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE <i>Maryland</i> B. COUNTY <i>12-07</i>	
B. FULL NAME OF HOSPITAL OR INSTITUTION <i>2211 N. Howard ST.</i>		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <i>Baltimore</i>	
Length of stay in Baltimore <i>3 Yrs</i>		D. STREET ADDRESS (If rural, give location) <i>2211 N. Howard ST.</i>	
5. SEX <i>Female</i>	6. COLOR OR RACE <i>Colored</i>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <i>Married</i>	8. DATE OF BIRTH <i>6-8-1927</i>
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>House wife</i>		10B. KIND OF BUSINESS OR INDUSTRY	9. AGE (in years last birthday) <i>25</i>
13. FATHER'S NAME <i>Walter Hobbs</i>		11. BIRTHPLACE (State or foreign country) <i>N.C.</i>	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) <i>no</i>		12. CITIZEN OF WHAT COUNTRY? <i>U.S.A.</i>	
16. SOCIAL SECURITY NO.		14. MOTHER'S MAIDEN NAME <i>Annie Howard</i>	
17. INFORMANT <i>Annie Hobbs</i>		ADDRESS <i>2219 Howard ST.</i>	
18. 002X DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) <i>Pulmonary tuberculosis</i>		INTERVAL BETWEEN ONSET AND DEATH <i>1 1/2 yrs.</i>	
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. (B) (C)			
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.			
19A. DATE OF OPERATION		19B. MAJOR FINDINGS OF OPERATION	
20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>			
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)		21D. TIME (Month) (Day) (Year) (Hour) OF INJURY	
21E. INJURY OCCURRED m. WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from <i>June</i> , 19 <i>51</i> , to <i>April</i> , 19 <i>53</i> , that I last saw the deceased alive on <i>April 7</i> , 19 <i>53</i> , and that death occurred at <i>7 P.</i> m., from the causes and on the date stated above.			
23A. SIGNATURE <i>Bryan D. Siegel</i>		23B. ADDRESS <i>Pikesville, Md.</i>	
23C. DATE SIGNED <i>4-8-53</i>			
24A. BURIAL, CREMATION, REMOVAL (Specify) <i>Burial</i>		24B. DATE <i>4-10-53</i>	
24C. NAME OF CEMETERY OR CREMATORY <i>MT. Auburn</i>		24D. LOCATION (City, town, or county) (State) <i>Balto. City Md.</i>	
DATE RECEIVED BY LOCAL REGISTRAR <i>APR 8-1953</i>		REGISTRAR'S SIGNATURE <i>Huntington Williams</i>	
25. FUNERAL DIRECTOR <i>Wm. A. Jackson</i>		ADDRESS <i>916 Penna. Ave.</i>	

1915-16

STATE OF TEXAS

COUNTY OF DALLAS

WARRANT FOR THE ARREST OF

JOHN W. WATKINS

CHARGE: OBSTRUCTION OF JUSTICE

FILE NO. 100-10000

ISSUED AT DALLAS, TEXAS

THIS 10th DAY OF JANUARY

1916

BY THE CLERK OF THE DISTRICT COURT

JOHN W. WATKINS

CLERK OF THE DISTRICT COURT

DALLAS, TEXAS

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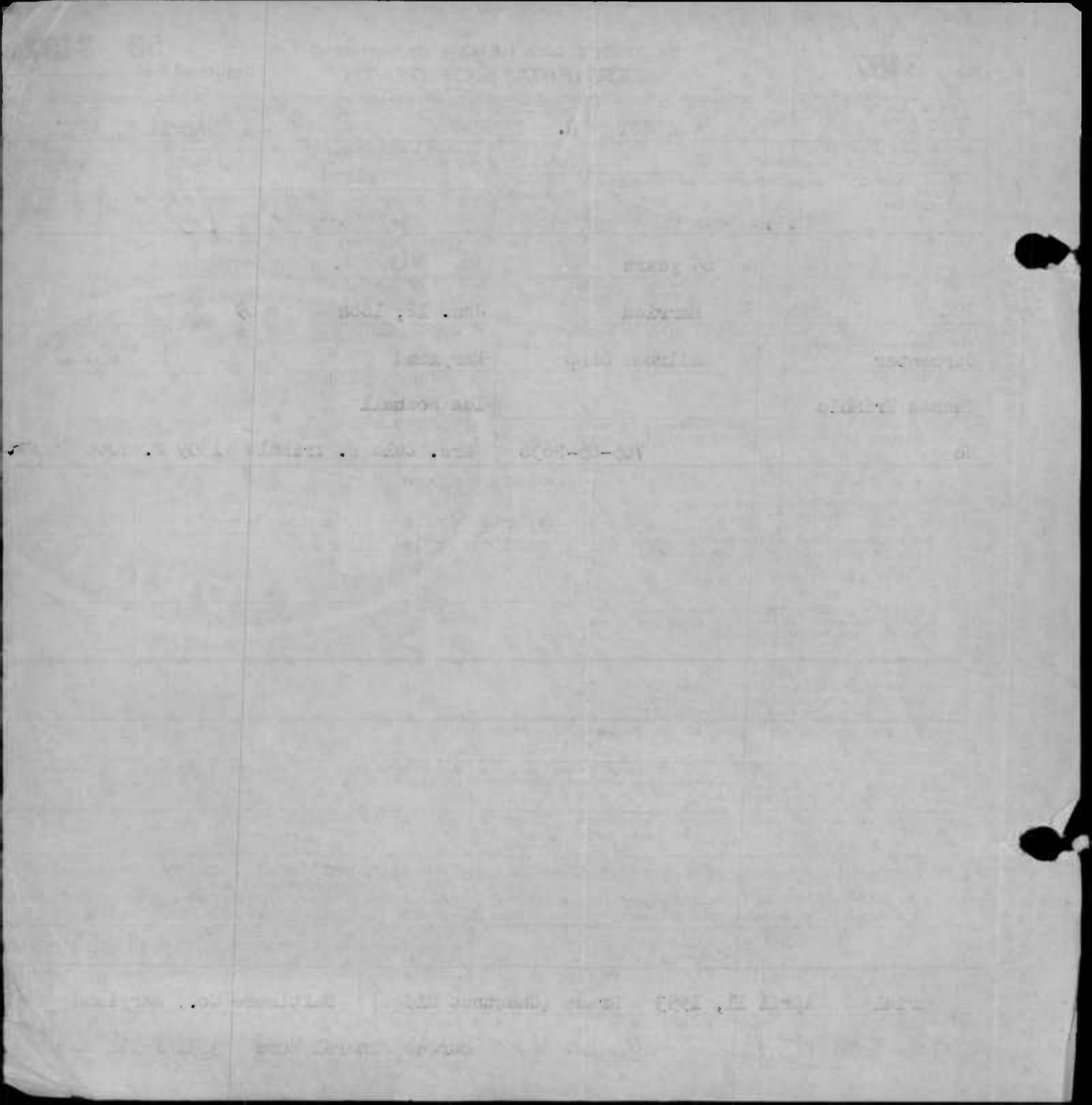
T-651
53 3497BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH53 3497
Registered No.

BIRTH NO.			1. NAME OF DECEASED (Type or Print) ALBERT H. TRIMBLE			2. DATE OF DEATH April 7, 1953		
3. PLACE OF DEATH: A. Baltimore City, Maryland			4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Maryland B. COUNTY			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore		
B. FULL NAME OF HOSPITAL OR INSTITUTION Union Memorial Hospital			D. STREET ADDRESS (If rural, give location) 1309 W. 40th Street			13-08		
c. Length of stay in Baltimore 65 years			Yrs. Mos. Days			5. DATE OF BIRTH Jan. 12, 1884		
5. SEX Male	6. COLOR OR RACE White	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Married	9. AGE (in years last birthday) 69			10. Under 1 Year Months: Days		11. Under 24 Hours Hours: Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Carpenter			10B. KIND OF BUSINESS OR INDUSTRY Railroad Shop			11. BIRTHPLACE (State or foreign country) Maryland		
13. FATHER'S NAME Thomas Trimble			14. MOTHER'S MAIDEN NAME Ida Hoshall			12. CITIZEN OF WHAT COUNTRY? U S A		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) No			16. SOCIAL SECURITY NO. 705-05-2636			17. INFORMANT ADDRESS Mrs. Zula E. Trimble 1309 W. 40th Street		

18. 443X		CAUSE OF DEATH		INTERVAL BETWEEN ONSET AND DEATH	
I DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)		(A) Hypertensive and arteriosclerotic cardiovascular disease			
DUE TO					
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		(B)			
DUE TO					
(C)					

19A. DATE OF OPERATION 6		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21A. EXTERNAL CAUSE WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH.		21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I certify that I took charge of the remains described above, held an inspection & inquiry thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes <input checked="" type="checkbox"/> , accident <input type="checkbox"/> , suicide <input type="checkbox"/> , homicide <input type="checkbox"/> , undetermined <input type="checkbox"/> .					
23A. SIGNATURE R. E. Fisher		23B. CHIEF MEDICAL EXAMINER <input checked="" type="checkbox"/> ASSISTANT MEDICAL EXAMINER <input type="checkbox"/> MEDICAL INVESTIGATOR <input type="checkbox"/>		23C. DATE SIGNED April 8, 1953	

24A. BURIAL, CREMATION, REMOVAL (Specify) Burial		24B. DATE April 11, 1953		24C. NAME OF CEMETERY OR CREMATORY Grace (Chestnut Ridge)		24D. LOCATION (City, town, or county) (State) Baltimore Co., Maryland	
DATE RECEIVED BY LOCAL REGISTRAR APR 8-1953		REGISTRAR'S SIGNATURE Huntington Williams, M.D.		25. FUNERAL DIRECTOR Burgee Funeral Home		ADDRESS 3631 Falls Road	



MAF/94453 53 3498

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH53 3498
Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)Frank ~~W. Ditzel~~ Ditzel2. DATE
OF
DEATH

April 7, 1953

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF
HOSPITAL OR
INSTITUTION(If not in hospital or institution, give street address or location)
Baltimore City Hospitals
4940 Eastern Avenue4. USUAL RESIDENCE (Where deceased lived. If institution: residence
A. STATE B. COUNTY before admission)

Maryland

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Baltimore

D. STREET ADDRESS (If rural, give location)

4940 Eastern Ave., Balto. City Hospitals

5. SEX

Male

6. COLOR OR RACE

White

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

Single

8. DATE OF BIRTH

July 28, 1874

9. AGE (in years
last birthday)

78

If Under 1 Year Months Days Hours Min.

10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

Tinner

10B. KIND OF BUSINESS OR
INDUSTRY

Self

11. BIRTHPLACE (State or foreign country)

Maryland

12. CITIZEN OF
WHAT COUNTRY?

USA

13. FATHER'S NAME

Henry Ditzel

14. MOTHER'S MAIDEN NAME

Elizabeth Fear

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)

No

16. SOCIAL
SECURITY NO.

None

17. INFORMANT

ADDRESS

B. C. H. 4940 Eastern Ave. (records)

18. 463X

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A) Pulmonary Embolism

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B) Thrombo - Phlebitis, Removal Veins.

DUE TO

(C)

II
OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☒ NO ☐21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR? (If in Baltimore City, give exact location)21D. TIME (Month) (Day) (Year) (Hour)
INJURY

21E. INJURY OCCURRED

WHILE AT ☐ NOT WHILE ☐
WORK AT WORK

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 6-30 1945, to 4-7 1953, that I last saw the
deceased alive on 4-7 1953, and that death occurred at 8:10A m., from the causes and on the date stated above.

23A. SIGNATURE

H. J. Tackner

M. D.

23B. ADDRESS

4940 Eastern Ave., Balto, Md.

23C. DATE SIGNED

4-7-53

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

Burial

24B. DATE

4/10/53

24C. NAME OF CEMETERY OR CREMATORY

St. Mary's Hampden

24D. LOCATION (City, town, or county)

Baltimore (Hampden) Md.

(State)

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

Huntington Williams, M.D.

25. FUNERAL DIRECTOR

ADDRESS

Wm. J. Tackner & Sons, Inc. Balto md

100

100

100

R-160
53 3499BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH53 3499
Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Louise Streett Roper

2. DATE
OF
DEATH

Apr. 7, 1953

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR
INSTITUTION

3025 Abell Ave.

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE

B. COUNTY

Md.

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Baltimore

D. STREET ADDRESS (If rural, give location)

3025 Abell Ave.

c. Length of stay in Baltimore

Yrs.
Mos.
Days

5. SEX

female

6. COLOR OR RACE

white

7. SINGLE, MARRIED,

WIDOWED, DIVORCED (Specify)

widowed

8. DATE OF BIRTH

Mar. 26, 1873

9. AGE (In years
last birthday)

80

If Under 1 Year
Months DaysIf Under 24 Hours
Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Housewife

10B. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country)

Maryland

12. CITIZEN OF
WHAT COUNTRY?

13. FATHER'S NAME

Charles H. Streett

14. MOTHER'S MAIDEN NAME

Lavinia Streett

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)

no

16. SOCIAL
SECURITY NO.
no17. INFORMANT ADDRESS
Mrs. Helen Dyott - 3025 Abell Ave.

18. 421.0

CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY
LEADING TO DEATH

(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A)

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B)

DUE TO

(C)

INTERVAL BETWEEN
ONSET AND DEATH

2/12/53

II
OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID INJURY OCCUR?
(If in Baltimore City, give exact location)21D. TIME (Month) (Day) (Year) (Hour)
INJURY

21E. INJURY OCCURRED

m.

WHILE AT
WORK ☐NOT WHILE
AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Feb 12, 1953, to April 7, 1953 that I last saw the deceased alive on April 7, 1953 and that death occurred at 1.20 P.M., from the causes and on the date stated above.

23A. SIGNATURE

23B. ADDRESS

23C. DATE SIGNED

M. D.

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

Burial

24B. DATE

4/10/53

24C. NAME OF CEMETERY OR CREMATORY

Druid Ridge Cem.

24D. LOCATION (City, town, or county)

Pikesville, Md.

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

0000 17

CERTIFICATE OF DEATH

100

1900

1900

1900

1900

1900

1900

1900

1900

1900

1900

1900

1900

1900

1900

1900

1900

1900

1900

**BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH**

Registered No. **53 3500**

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

ROSE GLASS

2. DATE OF DEATH **April 6, 1953**

3. PLACE OF DEATH:
A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE **Maryland** B. COUNTY

B. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR INSTITUTION

St. Joseph's Hospital

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)
Baltimore

c. Length of stay in Baltimore

Yrs.
Mos.
Days

O. STREET ADDRESS (If rural, give location)

1044 S. Charles Street

5. SEX

Female

6. COLOR OR RACE

White

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)

married

8. DATE OF BIRTH

June 4, 1900

9. AGE (In years last birthday)

52

If Under 1 Year Months Days If Under 24 Hours Hours Min

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)
housewife

10B. KIND OF BUSINESS OR INDUSTRY
at home

11. BIRTHPLACE (State or foreign country)

West Virginia

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME

Unknown

14. MOTHER'S MAIDEN NAME

Unknown

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (if yes, give war or dates of service)
no

16. SOCIAL SECURITY NO.
none

17. INFORMANT ADDRESS
Mr. Louis Glass - 1044 S. Charles St.

18. **E812.0**

CAUSE OF DEATH

INTERVAL BETWEEN ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) **Crushing injury of chest**

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B)

DUE TO

(C)

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒

21A. EXTERNAL CAUSE WAS UNDERLYING ☒ OR CONTRIBUTING ☐ CAUSE OF DEATH.

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)
Street

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

Kenwood and Sipple Avenues

5300

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY
April 6, 1953 8:00 P.m.

21E. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☒

21F. HOW DID INJURY OCCUR?

Pedestrian struck by truck

22. I certify that I took charge of the remains described above, held an Inspection & Inquiry thereon and from Autopsy, Inspection or Inquiry the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☒, suicide ☐, homicide ☐, undetermined ☐.

23A. SIGNATURE

RBF

M.D.

23B. CHIEF MEDICAL EXAMINER ☒ ASSISTANT MEDICAL EXAMINER ☐ MEDICAL INVESTIGATOR ☐

23C. DATE SIGNED
April 7, 1953

24A. BURIAL, CREMATION, REMOVAL (Specify)
Burial

24B. DATE
4/11/53

24C. NAME OF CEMETERY OR CREMATORY
Lorraine Cem.

24D. LOCATION (City, town, or county) (State)
Woodlawn, Md.

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR ADDRESS

**24km. J. Pickner & Sons
Balto Md**

V-S 151

N862.2

MARGIN RESERVED FOR BINDING
PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be clearly supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MEDICAL CERTIFICATION

0000

UNITED STATES DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

0000 87

John P. ...
...